

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002932

Entity Name: BETHESDA EVANGELICAL CHURCH MINISTRIES, INC.**Current Principal Place of Business:**752 SE WHITEHURST AVENUE
PORT ST LUCIE, FL 34983**Current Mailing Address:**752 SE WHITEHURST AVENUE
PORT ST LUCIE, FL 34983**FEI Number:** 32-0337092**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MICHEL, CHRISTEL REV.
752 SE WHITEHURST AVENUE
PORT ST LUCIE, FL 34983 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MICHEL, CHRISTEL REV.
Address	752 SE WHITEHURST AVENUE
City-State-Zip:	PORT ST LUCIE FL 34983

Title	VP
Name	VINCENT, DEVILMA
Address	643 SW ABODE DRIVE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	D
Name	CHEVALIER, BENOIT
Address	1373 SW WAMPLER AVENUE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	D
Name	MICHEL, ROSE N
Address	752 SE WHITEHURST AVENUE
City-State-Zip:	PORT ST LUCIE FL 34983

Title	D
Name	OSIAS, NINOTTE
Address	1865 SW KIMBERLY AVENUE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	TREASURER
Name	ELAS, NALINE
Address	395 SE CROSSPOINT DR
City-State-Zip:	PORT SAINT LUCIE FL 34983

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHEL, REV. CHRISTEL**PRESIDENT****01/13/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date