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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35266

1. Corporation Name
BETHEL MINISTRIES, INC.

Principal Place of Business
P.O. BOX 150
DAYTONA BEACH FL 32115-0150

Mailing Address
P.O. BOX 150
DAYTONA BEACH FL 32115-0150



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/15/1989	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-2982506	
24. Country		29. Country		Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DITTMAN, LINDA K. 73 WOODVIEW DRIVE PORT ORANGE FL 32114				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Linda K. Dittman* (NOTE: Registered Agent signature required when reinstating) DATE: *March 18, 1999*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEYSEELAN, HEMA	1.2 NAME	JEYSEELAN, HEMA
STREET ADDRESS	7 OAK AVENUE	1.3 STREET ADDRESS	31 OAKMONT CIRCLE
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITTMAN, LINDA K.	2.2 NAME	
STREET ADDRESS	73 WOODVIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEYSEELAN, JOHN A.	3.2 NAME	JEYSEELAN, JOHN A.
STREET ADDRESS	7 OAK AVENUE	3.3 STREET ADDRESS	31 OAKMONT CIRCLE
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, JOE	4.2 NAME	
STREET ADDRESS	9 CYPRESS VIEW TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, II, R.C.	5.2 NAME	
STREET ADDRESS	3000 N. ATLANTIC AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, R. C III	6.2 NAME	
STREET ADDRESS	901 SOUTH ATLANTIC AVENUE, #106	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda K. Dittman* DATE: *March 18, 1999*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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