2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90273 018 ****61.25

DOCUMENT # N35266 1. Entity Name BETHEL MINISTRIES, INC. Principal Place of Business

P.O. BOX 150 P.O. BOX 150 DAYTONA BEACH FL 32115-0150 DAYTONA BEACH FL 32115-0150 2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2982506 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DITTMAN, LINDA K. Street Address (P.O. Box Number is Not Acceptable) 73 WOODVIEW DRIVE PORT ORANGE FL 8244- 32129-5227 City Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Channe ☐ Addition NAME Jeyseelan, Hema NAME 31 OAKMONT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IF ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME DITTMAN, LINDA K. NAME STREET ADDRESS 73 WOODVIEW DRIVE STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME JEYSEELAN, JOHN A. NAME STREET ADDRESS 31 OAKMONT CIRCLE STREET ADDRESS CITY-ST-ZIF ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RIVERA, JOE NAME STREET ADDRESS 9 CYPRESS VIEW TRAIL STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Addition HILL, II, R.C. R.C.H.II, III NAME STREET ADDRESS 3000 N. ATLANTIC AVE. STREET ADDRESS 116. Palmer CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE ☐ Delete Addition NAME HILL, R. C III NAME STREET ADDRESS 901 SOUTH ATLANTIC AVENUE, #106 STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR