

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35266

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: BETHEL MINISTRIES, INC.

**Current Principal Place of Business:**

31 OAKMONT CIRCLE  
ORMOND BEACH, FL 321743816

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 150  
DAYTONA BEACH, FL 321150150

**New Mailing Address:**

FEI Number: 59-2982506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEYASEELAN, JOHN A.  
31 OAKMONT CIRCLE  
ORMOND BEACH, FL 321743816 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DITTMAN, LINDA K.,  
Address: 73 WOODVIEW DRIVE  
City-St-Zip: PORT ORANGE, FL 32119

Title: D ( ) Delete  
Name: JEYSEELAN, JOHN A.,  
Address: 31 OAKMONT CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: RIVERA, JOE,  
Address: 9 CYPRESS VIEW TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: HILL, II, R.C.,  
Address: 1716 PALMER AVE.  
City-St-Zip: WINTER PARK, FL 32787

Title: D ( ) Delete  
Name: HILL, III, R.C.,  
Address: 2200 N. ATLANTIC AVENUE, APT. 1701  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete  
Name: GONZALEZ, FRANCISCO, J.  
Address: 320 GREEN ASH LANE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN JEYASEELAN

D

02/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date