


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001402 (3)**

1. Corporation Name

**BETHEL MISSIONARY TEMPLE INC.**



Principal Place of Business <b>2336 NW 1 ST. MIAMI FL 33125</b>	Mailing Address <b>2336 NW 1 ST. MIAMI FL 33125</b>
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3. Date Incorporated or Qualified

**03/13/1997**

4. FEI Number

**65-0741925**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, FELIX L  
3084 NW 13 ST.  
MIAMI FL 33125**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DP HERNANDEZ, FELIX L</b>
STREET ADDRESS	<b>3084 NW 13 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HERNANDEZ, CLARA M</b>
STREET ADDRESS	<b>3084 NW 13 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DV CRESPO, LUIS A</b>
STREET ADDRESS	<b>610 SW 47 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33134</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DT GONZALEZ-ALVAREZ, RADEE M</b>
STREET ADDRESS	<b>2801 NW 13 ST., UNIT C</b>
CITY-ST-ZIP	<b>MIAMI FL 33125</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DS MARRERO, MAIDA</b>
STREET ADDRESS	<b>5401 SW 5TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33134</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CHANG, JULIO</b>
STREET ADDRESS	<b>917 NW 135 CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33182</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

*[Signature]*

1-9-98 315-6423654

CR2E037 (10/97)