

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001870

**Entity Name:** BETHANY MINISTRY OF GOD, INC.

**Current Principal Place of Business:**

1900 N.E 2 TERRACE  
POMPANO BCH, FL 33060

**Current Mailing Address:**

1900 NE 2ND TERRACE  
POMPANO BCH, FL 33060

**FEI Number: 61-1591614**

**Certificate of Status Desired: Yes**

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

BENOIT, CLAUDETTE  
1900 N.E 2ND TERRACE  
POMPANO BEACH, FL 33060 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 PD  
Name BENOIT, CLAUDETTE  
Address 1900 NE 2ND TERR.  
City-State-Zip: POMPANO BCH FL 33060

Title VD  
Name ATKINS, WALTER E  
Address 3015 NW 6TH CT.  
City-State-Zip: POMPANO BCH FL 33069

Title 2ND PASTOR  
Name CHARIOT, EMMANUEL PASTOR  
Address 1900 NE 2ND TERR.,  
City-State-Zip: POMPANO BCH FL 33060

Title SD  
Name BENOIT, MARTIN  
Address 1900 NE 2ND TERR.  
City-State-Zip: POMPANO BCH FL 33060

Title T  
Name ADEBAYO, EMY  
Address 9226 N.W 37TH PLACE  
City-State-Zip: CORAL SPRINGS FL 33065

Title AT  
Name JEAN-MARIE, MITCHELL  
Address 610 S.E 2ND AVE  
L26  
City-State-Zip: DEERFIELD BEACH FL 33441

*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: CLAUDETTE BENOIT**

**OWNER**

**03/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date