

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001870

**FILED**  
**Apr 27, 2013**  
**Secretary of State**  
**CC1447796266**

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

**Current Principal Place of Business:**

1320 SOUTH DIXIE HWY SUITE 13W  
POMPANO BCH, FL 33069

**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 AVD  
Name FEVRIUS, SONIA  
Address 1901 NE 2ND TERR., #2  
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 PAUL, ALBERT  
Address 3015 NW 6TH CT.  
City-State-Zip: POMPANO BCH FL 33069

Title AT  
Name MERCIDIEU, AUGUST  
Address 320 NE 1ST ST.  
City-State-Zip: POMPANO BCH FL 33060

*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

**PD**

**04/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date