

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002022

Entity Name: BETHANY MINISTRIES INC.**Current Principal Place of Business:**8800 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**Current Mailing Address:**327 HAMMOCK GROVE COURT
JACKSONVILLE, FL 32259 US**FEI Number:** 80-0355816**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, WALTER MJR
327 HAMMOCK GROVE COURT
JACKSONVILLE, FL 32259 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	P
Name	BROWN, WALTER MJR
Address	327 HAMMOCK GROVE COURT
City-State-Zip:	JACKSONVILLE FL 32259

Title	S
Name	BROWN, BERYL T
Address	327 HAMMOCK GROVE COURT
City-State-Zip:	JACKSONVILLE FL 32259

Title	T
Name	SAMUEL, FREEMAN
Address	8800 ARLINGTON EXPRESSWAY
City-State-Zip:	JACKSONVILLE FL 32211

Title	COO
Name	KIMBLE, HAZEL ANN
Address	11246 ROBERT MASTERS COURT
City-State-Zip:	JACKSONVILLE FL 32218

Title	T
Name	ALMA, LEE
Address	3500 UNIVERSITY BLVD NORTH APT 1804
City-State-Zip:	JACKSONVILLE FL 32211

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: WALTER BROWN**PRESIDENT****02/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date