

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003675

Entity Name: BETH TEHILLAH MINISTRIES, INC.**Current Principal Place of Business:**3450 S. U.S. HIGHWAY 17-92
CASSELBERRY, FL 32707**Current Mailing Address:**P.O. BOX 2404
SANFORD, FL 32772**FEI Number:** 45-1564755**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANE, GWENDOLYN Y
1820 KNOX AVE
SANFORD, FL 32771 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	Title	S
Name	CRITTON, RONALD A	Name	LANE, GWENDOLYN Y
Address	527 EATON ST	Address	1820 KNOX AVE
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	SANFORD FL 32771
Title	TRUSTEE	Title	TRUSTEE
Name	WASHINGTON, SABRENA	Name	PARKER, KHEISHA
Address	109 ACADEMY AVE	Address	PO BOX 540746
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	ORLANDO FL 32854
Title	TRUSTEE	Title	TRUSTEE
Name	LEWIS, RENEE	Name	O'NEAL, VICTOR
Address	2437 SHEFFIELD DR	Address	108 DREW AVE
City-State-Zip:	DELTONA FL 32738	City-State-Zip:	SANFORD FL 32771

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: GWENDOLYN Y.LANE**SECRETARY****04/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date