

2022 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
Name	CRITTON, RONALD A
Address	3163 INTEGRA LAKES LANE 425
City-State-Zip:	CASSELBERRY FL 32707

Title	TRUSTEE
Name	CRITTON, SABRENA W
Address	3163 INTEGRA LAKES LANE 425
City-State-Zip:	CASSELBERRY FL 32707

Title	TRUSTEE
Name	LEWIS, RENEE
Address	2437 SHEFFIELD DR
City-State-Zip:	DELTONA FL 32738

Title	TRUSTEE
Name	TAYLOR, NAKIA
Address	507 FITZGERALD DR
City-State-Zip:	MAITLAND FL 32751

Title	S
Name	LANE, GWENDOLYN Y
Address	1820 KNOX AVE
City-State-Zip:	SANFORD FL 32771

Title	TRUSTEE
Name	PARKER, KHEISHA
Address	PO BOX 540746
City-State-Zip:	ORLANDO FL 32854

Title	TRUSTEE
Name	O'NEAL, VICTOR
Address	100 OAK VIEW PL
City-State-Zip:	SANFORD FL 32773

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****03/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date