

**2024 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 S  
Name LANE, GWENDOLYN Y  
Address 1820 KNOX AVE  
City-State-Zip: SANFORD FL 32771  
  
Title TRUSTEE  
Name WASHINGTON, TALITHA  
Address 251 LEON ST  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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**

**02/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date