

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003675

Entity Name: BETH TEHILLAH MINISTRIES, INC.**Current Principal Place of Business:**1820 KNOX AVE
SANFORD, FL 32771**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	527 EATON ST
City-State-Zip:	MAITLAND FL 32751

Title	TD
Name	WILLIAMS, RAWN
Address	227 RIPPLING LANE
City-State-Zip:	WINTER PARK FL 32789

Title	D
Name	HICKS REDDEN, SHARON
Address	102 MCKAY BLVD
City-State-Zip:	SANFORD FL 32771

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

Title	D
Name	WASHINGTON, SABRENA
Address	109 ACADEMY AVE
City-State-Zip:	SANFORD FL 32771

Title	D
Name	PATTERSON, TAMAA
Address	607 CROSBY DR
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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****03/31/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date