


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90075 001 *****8.75
 08-18-2004 90075 002 *****61.25

DOCUMENT # 743108
 1. Entity Name
BETHEL APOSTOLIC TEMPLE



Principal Place of Business
 1855 N.W. 119 STREET
 MIAMI, FL 33167 US

Mailing Address
 P.O. BOX 680008
 MIAMI, FL 33168-0008

66432202



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1855 NW 119 St.
 Suite, Apt. #, etc.

08102004 Chg-NP CR2E037 (10/03)

City & State
Miami, FL

4. FEI Number
59-1367782

Applied For
 Not Applicable

Zip
33167

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WOODS, GERALDINE
1855 N.W. 119 STREET
MIAMI, FL 33167

Naomi Woods
1855 NW 119th Street
Miami, FL 33167

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Naomi J. Woods*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BAXTER, DARRYL
STREET ADDRESS	1855 N.W. 119 STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D <input type="checkbox"/> Delete
NAME	WOOD, GERALDINE
STREET ADDRESS	1855 N.W. 119 STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D <input type="checkbox"/> Delete
NAME	HUDSON, WILLIE
STREET ADDRESS	1855 N.W. 119 STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D <input type="checkbox"/> Delete
NAME	BATTLES, TOM
STREET ADDRESS	1855 N.W. 119 STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	T <input type="checkbox"/> Delete
NAME	ROCK, ANOCIA
STREET ADDRESS	1855 N.W. 119 STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D <input type="checkbox"/> Delete
NAME	ROLLE, HAZEL
STREET ADDRESS	1855 N.W. 119 STREET
CITY-ST-ZIP	MIAMI, FL 33167

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harrington Juva's
STREET ADDRESS	1855 N.W. 119 STREET
CITY-ST-ZIP	MIAMI FL 33167
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woods Naomi
STREET ADDRESS	1855 NW 119 St
CITY-ST-ZIP	MIAMI FL 33167
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Muhammad Daphne
STREET ADDRESS	1855 NW 119 St
CITY-ST-ZIP	MIAMI FL 33167
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Funes Fred
STREET ADDRESS	1855 NW 119 St
CITY-ST-ZIP	MIAMI FL 33167
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillips Ann Marie
STREET ADDRESS	1855 NW 119 St
CITY-ST-ZIP	MIAMI FL 33167
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shepherd Neville
STREET ADDRESS	1855 NW 119 St
CITY-ST-ZIP	MIAMI FL 33167

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juava's J. Harrington* Chairman *8/15/04*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #