

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743108

FILED  
May 11, 2009  
Secretary of State

Entity Name: BETHEL APOSTOLIC TEMPLE

**Current Principal Place of Business:**

1855 N.W. 119 STREET  
MIAMI, FL 33167 US

**New Principal Place of Business:**

**Current Mailing Address:**

1855 N.W. 119 STREET  
MIAMI, FL 33167 US

**New Mailing Address:**

FEI Number: 59-1367782      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WOODS, NAOMI DEACON  
1855 N.W. 119 STREET  
MIAMI, FL 33167 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NASH-LESTER, CAROL REV.  
Address: 1855 N.W. 119 STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: T ( ) Delete  
Name: BAXTER, DARRYL K ELD.  
Address: 1855 N.W. 119 STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: C ( ) Delete  
Name: BARRY, GLORIA MIN.  
Address: 1855 N.W. 119 STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: VC (X) Delete  
Name: WILLIAMS, NATASHA  
Address: 1855 N.W. 119 STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: T ( ) Delete  
Name: VELOUNE, EUGENE  
Address: 1855 N.W. 119 STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: S ( ) Delete  
Name: PHILLIPS, ANN MARIE  
Address: 1855 N.W. 119 STREET  
City-St-Zip: MIAMI, FL 33167 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NAOMI WOODS

RA

05/11/2009

Electronic Signature of Signing Officer or Director

Date