

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743108

FILED
May 06, 2010
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
Name: NASH-LESTER, CAROL REV.
Address: 1855 N.W. 119 STREET
City-St-Zip: MIAMI, FL 33167 US

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

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

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

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

Title: D
Name: ROCK, EMERSON
Address: 1855 NW 119 STREET
City-St-Zip: MIAMI, FL 33167

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: DARRYL K. BAXTER

D

05/06/2010

Electronic Signature of Signing Officer or Director

_____ Date