

FILE NOW: FILING FEE IS \$61.25

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90005 033 ****61.25

05-14-1999 90005 034 *****8.75

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45284

1. Corporation Name

**BETHANY BIBLE WAY CHURCH OF OUR LORD JESUS CHRIS
T WORLD WIDE OF THE APOSTOLIC FAITH OF MIAMI, FL**

Principal Place of Business

20500 NW 20 CT
OPA LOCKA FL 33056

Mailing Address

20500 NW 20 CT
OPA LOCKA FL 33056



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/24/1991

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0338014

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, ALFRED J.
20500 NW 20 CT
OPA LOCKA FL 33056**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, ALFRED J.	
STREET ADDRESS	20500 NW 20 CT	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILSON, YVONNE M.	
STREET ADDRESS	20500 NW 20 CT	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, CLARENCE	
STREET ADDRESS	3762 SW 17 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILSON, YVONNE M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: April 29, 1999 (305)
Daytime Phone #: (621) 4878

CR2E037 (11/98)