


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N45284</b>			
1. Entity Name <b>BETHANY BIBLE WAY CHURCH OF OUR LORD JESUS CHRIST WORLD WIDE OF THE APOSTOLIC FAITH OF</b>			
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 - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent  <b>WILSON, ALFRED J. 20500 NW 20 CT OPA LOCKA FL 33056</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature: Type or print name of registered agent and title, if applicable. (NOTE: Registered Agent signature is not required on this form.)</small>			



1st MOORE CR2E037 (10/07)

4. FEI Number **65-0338014** Applied For  
Not Applicable

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <b>WILSON, ALFRED J. 20500 NW 20 CT OPA LOCKA FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
			U00000943079 05/29/08-80045-018 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
	STD <b>WILSON, YVONNE M. 20500 NW 20 CT OPA LOCKA FL</b>	<input type="checkbox"/> Delete	
			U00000943079 05/29/08-80045-019 8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
	D <b>MITCHELL, CLARENCE 3762 SW 17 ST FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 110, 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:** *[Signature]* (YVONNE M WILSON, STD) 4-28-08 - 305 621 4878