


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001402	
1. Entity Name BETHEL MISSIONARY TEMPLE INC.	

Principal Place of Business 2336 NW 1 ST. MIAMI, FL 33125	Mailing Address 2336 NW 1 ST. MIAMI, FL 33125
---	---

DO NOT WRITE IN THIS SPACE



01232007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 65-0741925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, FELIX L
 2921 SW 67 AVE
 MIAMI, FL 33155**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERNANDEZ, FELIX L 2921 SW 67 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, CLARA M 2921 SW 67 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GONZALEZ-ALVAREZ, RADEE M 7055 SW 17 TERR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARRERO, MAIDA 5750 SW 11 ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, IGNACIO 930 NW 22 PLACE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000606724
 01/31/07-30008-014 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Radee Gonzalez Alvarez* **Radee Gonzalez Alvarez** 1-24-07 305-643-3654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #