

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001402

FILED
Feb 13, 2009
Secretary of State

Entity Name: BETHEL MISSIONARY TEMPLE INC.

Current Principal Place of Business:

2336 NW 1 ST.
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

2336 NW 1 ST.
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-0741925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: DP () Delete
Name: HERNANDEZ, FELIX L
Address: 2921 SW 67 AVE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: HERNANDEZ, CLARA M
Address: 2921 SW 67 AVE
City-St-Zip: MIAMI, FL 33155

Title: DT () Delete
Name: GONZALEZ-ALVAREZ, RADEE M
Address: 7055 SW 17 TERR
City-St-Zip: MIAMI, FL 33155

Title: DS () Delete
Name: MARRERO, MAIDA
Address: 5750 SW 11 ST
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: RODRIGUEZ, IGNACIO
Address: 930 NW 22 PLACE
City-St-Zip: MIAMI, FL 33125

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:

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: RADEE GONZALEZ-ALVAREZ

DT

02/13/2009

Electronic Signature of Signing Officer or Director

Date