

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State

10-01-2002 90175 005 ****61.25

DOCUMENT # N97000002166

1. Entity Name

BETHEL APOSTOLIC FAITH TEMPLE, INC.

Principal Place of Business

2743 NW 183 STREET
 OPA LOCKA FL 33056

Mailing Address

18900 NW 31 AVE
 OPA LOCKA FL 33056

2. Principal Place of Business

7169 NW 17 AV

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33147

Country

MIAMI-DADE

Zip

Country

4. FEI Number

65-0744033

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOOD, HENRY
 18900 NW 31 AVE
 OPA LOCKA FL 33056

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME HOOD, HENRY
 STREET ADDRESS 18900 NW 31 AVE
 CITY-ST-ZIP OPA LOCKA FL 33056

TITLE ☐ Delete

NAME HOOD, EDDIE MAE
 STREET ADDRESS 18900 NW 31 AVE
 CITY-ST-ZIP OPA LOCKA FL 33056

TITLE ☐ Delete

NAME HINES, BETTY J
 STREET ADDRESS 3310 NW 171 ST
 CITY-ST-ZIP OPA LOCKA FL 33056

TITLE ☐ Delete

NAME BARTHELL, CATHERIN
 STREET ADDRESS 2430 NW 179 ST
 CITY-ST-ZIP OPA LOCKA FL 33056

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)