

# 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      Mailing Address  
**2743 NW 183 STREET**      **18900 NW 31 AVE**  
**OPA LOCKA FL 33058**      **OPA LOCKA FL 33056**

2. Principal Place of Business      3. Mailing Address  
**7169 NW 17 AV**        
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
**Miami FL**        
 Zip      Country      Zip      Country  
**33147**      **MIAMI-DADE**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-0744033**       Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**HOOD, HENRY**      Name  
**18900 NW 31 AVE**      Street Address (P.O. Box Number is Not Acceptable)  
**OPA LOCKA FL 33056**      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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, HENRY 18900 NW 31 AVE OPA LOCKA FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, EDDIE MAE 18900 NW 31 AVE OPA LOCKA FL 33058 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINES, BETTY J 3310 NW 171 ST OPA LOCKA FL 33058 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTHELL, CATHERIN 2430 NW 179 ST OPA LOCKA FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE: *Henry Hood*      **SIGNATURE REQUIRED**      *Sept 4, 2002*      305-620-0405  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (4/02)