

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002166

FILED
Jul 08, 2005
Secretary of State

Entity Name: BETHEL APOSTOLIC FAITH TEMPLE, INC.

Current Principal Place of Business:

7169 NW 17 AVE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

18900 NW 31 AVE
OPA LOCKA, FL 33056

New Mailing Address:

FEI Number: 65-0744033 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOOD, HENRY
18900 NW 31 AVE
OPA LOCKA, FL 33056 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: D () Delete
Name: HOOD, HENRY
Address: 18900 NW 31 AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: D () Delete
Name: HOOD, EDDIE MAE
Address: 18900 NW 31 AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: D () Delete
Name: HINES, BETTY J
Address: 3310 NW 171 ST
City-St-Zip: OPA LOCKA, FL 33056

Title: D () Delete
Name: BARTHELL, CATHERIN
Address: 2430 NW 179 ST
City-St-Zip: OPA LOCKA, FL 33056

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HENRY HOOD

MR

07/08/2005

Electronic Signature of Signing Officer or Director

Date