

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002166

FILED  
Apr 06, 2006  
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 ( )**

**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 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: HENRY HOOD

D

04/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date