


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000002166 1. Entity Name BETHEL APOSTOLIC FAITH TEMPLE, INC.	
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Principal Place of Business 7169 NW 17 AVE MIAMI FL 33147	Mailing Address 18900 NW 31 AVE OPA LOCKA FL 33056
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	2nd MOORE CR2E037 (4/07)
City & State	City & State	4. FEI Number 65-0744033
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____

FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete HOOD, HENRY STREET ADDRESS: 18900 NW 31 AVE CITY-ST-ZIP: OPA LOCKA FL 33056
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete HOOD, EDDIE MAE STREET ADDRESS: 18900 NW 31 AVE CITY-ST-ZIP: OPA LOCKA FL 33056
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete HINES, BETTY J STREET ADDRESS: 3310 NW 171 ST CITY-ST-ZIP: OPA LOCKA FL 33056
TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> Delete BARTHELL, CATHERIN STREET ADDRESS: 2430 NW 179 ST CITY-ST-ZIP: OPA LOCKA FL 33056
TITLE	<input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE	<input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000771511 09/07/07-80005-011 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Henry Hood* 7/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #