


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

FILED
Jan 11, 2008 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 #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0744033	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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1st MOORE CR2E037 (10/06)

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
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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 re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete NAME: HOOD, HENRY STREET ADDRESS: 18900 NW 31 AVE CITY-ST-ZIP: OPA LOCKA FL 33056	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 000000779872 01/11/08-80054-022 61.25 </div>
TITLE	D <input type="checkbox"/> Delete NAME: HOOD, EDDIE MAE STREET ADDRESS: 18900 NW 31 AVE CITY-ST-ZIP: OPA LOCKA FL 33056	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete NAME: HINES, BETTY J STREET ADDRESS: 3310 NW 171 ST CITY-ST-ZIP: OPA LOCKA FL 33056	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete NAME: BARTHELL, CATHERIN STREET ADDRESS: 2430 NW 179 ST CITY-ST-ZIP: OPA LOCKA FL 33056	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1/9/08 (305) 620-0405