

# 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.



Principal Place of Business

Mailing Address

7169 NW 17 AVE  
MIAMI FL 33147

18900 NW 31 AVE  
OPA LOCKA FL 33056



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0744033

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOD, HENRY  
18900 NW 31 AVE  
OPA LOCKA FL 33056

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME HOOD, HENRY  
STREET ADDRESS 18900 NW 31 AVE  
CITY-STATE-ZIP OPA LOCKA FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 0000000779872  
CITY-STATE-ZIP 01/11/08-80054-022 61.25

TITLE D ☐ Delete  
NAME HOOD, EDDIE MAE  
STREET ADDRESS 18900 NW 31 AVE  
CITY-STATE-ZIP OPA LOCKA FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME HINES, BETTY J  
STREET ADDRESS 3310 NW 171 ST  
CITY-STATE-ZIP OPA LOCKA FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME BARTHELL, CATHERIN  
STREET ADDRESS 2430 NW 179 ST  
CITY-STATE-ZIP OPA LOCKA FL 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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