


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90010 031 \*\*\*\*69.00

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N97000006875  
 1. Corporation Name  
 Bethesda Temple Ministries, Inc.



Principal Place of Business Mailing Address  
 5045 South Dr  
 Unit #100  
 Jacksonville, FL 32208

|                     |                                      |                                                                                                             |
|---------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 21 5045 South Dr    | 2a. Mailing Address<br>5045 South Dr | 3. Date Incorporated or Qualified                                                                           |
| 22 Unit #100        | 27 Unit #100                         | 4. FEI Number                                                                                               |
| 23 Jacksonville, FL | 28 Jacksonville, FL                  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required         |
| 24 32208 25 US      | 29 32208 30 US                       | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|                                                 |                                                       |
|-------------------------------------------------|-------------------------------------------------------|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent          |
|                                                 | 81 Name                                               |
|                                                 | 82 Street Address (P.O. Box Number is Not Acceptable) |
|                                                 | 83                                                    |
|                                                 | 84 City                                               |
|                                                 | 85 Zip Code                                           |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                            | 1.2 NAME                                              | 5 Deborah Adams                                                              |
| STREET ADDRESS             |                                            | 1.3 STREET ADDRESS                                    | 843 Alderman Rd #03                                                          |
| CITY-ST-ZIP                |                                            | 1.4 CITY-ST-ZIP                                       | Jax FL 32211                                                                 |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                            | 2.2 NAME                                              | 1 Melissa Looles                                                             |
| STREET ADDRESS             |                                            | 2.3 STREET ADDRESS                                    | 10880 Haverford Rd #8                                                        |
| CITY-ST-ZIP                |                                            | 2.4 CITY-ST-ZIP                                       | Jax FL 32218                                                                 |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Adams Date: 5-18-98 Daytime Phone #: 722 0759

CR2E037 (11/98)