

# 2000 UNIFORM BUSINESS REPORT (URR)

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

06-21-2000 90002 015 \*\*\*\*61.25

**DOCUMENT # N97000006875**

1. Entity Name

**BETHSAIDA TEMPLE MINISTRIES, INC.**

**(R)**

Principal Place of Business

Mailing Address

5045 SOUTEL DR.  
 UNIT #100  
 JACKSONVILLE FL 32208  
 US

5045 SOUTEL DR.  
 UNIT #100  
 JACKSONVILLE FL 32208-1885  
 US

2. Principal Place of Business

5045 Soutel Dr

3. Mailing Address

same as above

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

#100

City & State

Jax. FL

City & State

Jax. FL

Zip

32208

Country

US

Zip

32208

Country

US

4. FEI Number

59-3482168

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, WAYNE L SR.  
 2136 SCHUMACHER AVENUE, #1  
 JACKSONVILLE FL 32207

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, WAYNE L SR.	
STREET ADDRESS	2136 SCHUMACHER AVENUE, #1	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	WILSON, TALITHA	
STREET ADDRESS	2136 SCHUMACHER AVENUE, #1	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WARTHEN, LAJARSHA	
STREET ADDRESS	843 ALDERMAN RD SUITE 403	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, NATASHA	
STREET ADDRESS	843 ALDERMAN RD, 403	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOOKS, MELISSA	
STREET ADDRESS	10820 HAVERFORD RD, #8	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Wayne Sr	
STREET ADDRESS	5045 Soutel Dr. Unit #100	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	VP TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Talitha	
STREET ADDRESS	5045 Soutel Dr. Unit #100	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warthen, Lajarsha	
STREET ADDRESS	11991 Harts Rd # 502	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
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	Tooks, Melissa	
STREET ADDRESS	10820 Haverford Rd #8	
CITY-ST-ZIP	Jax. FL 32218	
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 exemption stated in Section 119.07(3)(i), 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

*(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-7-00

Daytime Phone #

714-6727

CR2E037 (9/99)