

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90145 008 ****61.25

DOCUMENT # N970000006875

1. Entity Name
Bethsaida Temple Ministries

Principal Place of Business
 Mailing Address
2505 DELLWOOD
Box FL 32204

00060993

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
2505 DELLWOOD AVE
 Suite, Apt. #, etc.
 City & State
Box FL
 Zip
32204
 Country
USA

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
State of Florida Dept of State

7. Name and Address of New Registered Agent
 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 Abanola Wantha Secretary DATE 7-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE <u>Pres</u>	NAME <u>Wayne L Wilson Sr</u>	<input type="checkbox"/> Delete
STREET ADDRESS <u>2545 Dellwood Ave</u>	CITY-ST-ZIP <u>Box FL 32204</u>	
TITLE <u>CO-DIRECTOR</u>	NAME <u>ICITRA WILSON</u>	<input type="checkbox"/> Delete
STREET ADDRESS <u>2505 Dellwood Ave</u>	CITY-ST-ZIP <u>Box FL 32204</u>	
TITLE <u>SECRETARY</u>	NAME <u>KATARSHA WATHAN</u>	<input type="checkbox"/> Delete
STREET ADDRESS <u>3111 Mail Ct</u>	CITY-ST-ZIP <u>Box FL 32254</u>	
TITLE <u>TREASURER</u>	NAME <u>Patricia Barnes</u>	<input type="checkbox"/> Delete
STREET ADDRESS <u>1542 W 22nd St</u>	CITY-ST-ZIP <u>Box FL 32204</u>	
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Abanola Wantha DATE 7-10-01 Daytime Phone # 388 8926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)