

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90348 045 ****70.00

DOCUMENT # N97000006875

1. Entity Name

BETHSAIDA TEMPLE MINISTRIES, INC.

Principal Place of Business

Mailing Address

5045 SOUTEL DR.
 #100
 JACKSONVILLE FL 32208
 US

2565 DELLWOOD AVENUE
 JACKSONVILLE FL 32254
 US

2. Principal Place of Business

3. Mailing Address

1544 WEST 22 ND ST

2565 DELLWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

JACKSONVILLE Florida

JACKSONVILLE Florida

4. FEI Number

59-3482168

Applied For

Not Applicable

Zip

Country

Zip

Country

32209

DUAL

32204

DUAL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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: WAYNE L WILSON SR.
 Street Address (P.O. Box Number is Not Acceptable): 2565 DELLWOOD AVE
 City: JACKSONVILLE
 State: FL Zip Code: 32204

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WILSON, WAYNE L SR.	2565 DELLWOOD AVENUE	JACKSONVILLE FL 32204	<input type="checkbox"/>
CD	WILSON, TALITHA	2565 DELLWOOD AVENUE	JACKSONVILLE FL 32204	<input type="checkbox"/>
S	WARTHEN, LAJARSHA	3111 MELL COURT	JACKSONVILLE FL 32254	<input checked="" type="checkbox"/>
T	BARNES, PATRICIA	1549 WEST 22ND STREET	JACKSONVILLE FL 32208	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Secretary	TALITHA WILSON	2565 DELLWOOD AVE JACKSONVILLE FLA 32204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Wayne L Wilson WAYNE WILSON 5-1-02 904-580-9365
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)