


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 16 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006875 1. Entity Name BETHSAIDA TEMPLE MINISTRIES, INC.	
----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1544 WEST 22ND STREET JACKSONVILLE, FL 32209 US	Mailing Address 2565 DELLWOOD AVENUE JACKSONVILLE, FL 32204 US
-----------------------------------------------------------------------------------	----------------------------------------------------------------------



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1415 Pine Grove Ave Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------------------------------------

09022005 Chg-NP CR2E037 (10/03)

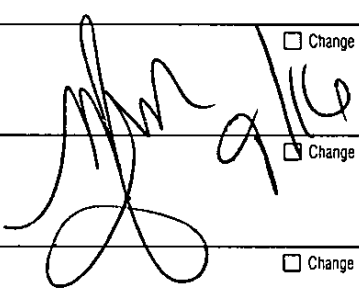
City & State City: Sax Fla.	4. FEI Number 59-3482168	Applied For <input type="checkbox"/> Not Applicable
Zip 32205	Country DUAL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, WAYNE L SR. 2565 DELLWOOD AVENUE JACKSONVILLE, FL 32204	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Wayne Lamar Wilson Sr. [Signature] 9-12-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete WILSON, WAYNE L SR. 2565 DELLWOOD AVENUE JACKSONVILLE, FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400059782484 09/20/05--01046--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDS <input type="checkbox"/> Delete WILSON, TALITHA 2565 DELLWOOD AVENUE JACKSONVILLE, FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BARNES, PATRICIA 1549 WEST 22ND STREET JACKSONVILLE, FL 32206	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"/> Delete	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"/> Delete	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: Wayne L. Wilson 9-12-05 904-226-7875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #