

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 02, 2007  
Secretary of State**

DOCUMENT# N97000006875

Entity Name: BETHSAIDA TEMPLE MINISTRIES, INC.

**Current Principal Place of Business:**

1544 WEST 22ND STREET  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

**Current Mailing Address:**

1415 PINE GROVE AVE.  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

FEI Number: 59-3482168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILSON, WAYNE L SR.  
1415 PINEGROVE AVE.  
JACKSONVILLE, FL 32205 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILSON, WAYNE L SR.  
Address: 1415 PINEGROVE AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete  
Name: BARNES, PATRICIA  
Address: 1549 WEST 22ND STREET  
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE L WILSON

PD

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date