

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743108

**Entity Name:** BETHEL APOSTOLIC TEMPLE**Current Principal Place of Business:**1855 N.W. 119 STREET  
MIAMI, FL 33167**Current Mailing Address:**1855 N.W. 119 STREET  
MIAMI, FL 33167 US**FEI Number:** 59-1367782**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GRACE, ARLENE DEACON  
1855 N.W. 119 STREET  
MIAMI, FL 33167 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:** ARLENE GRACE

04/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name NASH-LESTER, CAROL PASTOR  
Address 1855 N.W. 119 STREET  
City-State-Zip: MIAMI FL 33167

Title CFO  
Name BAXTER, DARRYL K. REV.  
Address 1855 N.W. 119 STREET  
City-State-Zip: MIAMI FL 33167

Title C  
Name EUGENE, VELOUNE  
Address 1855 N.W. 119 STREET  
City-State-Zip: MIAMI FL 33167

Title TR  
Name MINUS, KATRINA  
Address 1855 N.W. 119 STREET  
City-State-Zip: MIAMI FL 33167

Title S  
Name ROCK, EMERSON  
Address 1855 NW 119 STREET  
City-State-Zip: MIAMI FL 33167

Title DEACON  
Name GRACE, ARLENE  
Address 1855 NW 119TH STREET  
City-State-Zip: MIAMI FL 33167

Title DEACON  
Name WIMBERLY, ROBERT  
Address 1855 N.W. 119 STREET  
City-State-Zip: MIAMI FL 33167

Title TRUSTEE  
Name CANNON, SANDRA  
Address 1855 NW 119TH STREET  
City-State-Zip: MIAMI FL 33167

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*I hereby 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 all other like empowered.*

**SIGNATURE:** DARRYL K. BAXTER

CFO

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name LOCKWOOD, REMIEL ELDER  
Address 1855 NW 119TH STREET  
City-State-Zip: MIAMI FL 33167

Title DIRECTOR  
Name LADD, DARRYL ELDER  
Address 1855 N.W. 119 STREET  
City-State-Zip: MIAMI FL 33167