

2014 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:** No**Name and Address of Current Registered Agent:**WOODS, NAOMI 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	T
Name	BAXTER, DARRYL KREV.
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	VC
Name	WRIGHT, ELISHA O
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	DIRECTOR
Name	GRACE, ARLENE
Address	1855 NW 119TH STREET
City-State-Zip:	MIAMI FL 33167

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: REV. DARRYL K. BAXTER**VP****02/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date