

**2019 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:**

BAXTER, DARRYL K REVEREND  
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:** DARRYL K BAXTER

09/02/2019

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

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

Title DIRECTOR  
Name SANDERS, MARTINA MINISTER  
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:** REVEREND DARRYL K BAXTER

CFO

09/02/2019

Electronic Signature of Signing Officer/Director Detail

Date