

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003999

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC7649290042**

**Entity Name:** BETHEL APOSTOLIC ASSEMBLIES, INC.

**Current Principal Place of Business:**

21310 OLD CULTER ROAD  
MIAMI, FL 33189

**Current Mailing Address:**

21310 OLD CULTER ROAD  
MIAMI, FL 33189

**FEI Number: 26-0034097**

**Certificate of Status Desired: No**

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

CARTER, BENJAMIN F  
21310 OLD CULTER ROAD  
MIAMI, FL 33189 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 PD  
Name CARTER, BENJAMIN FSR  
Address 21310 OLD CULTER ROAD  
City-State-Zip: MIAMI FL 33189

Title VSD  
Name CARTER, BENJAMIN FJR  
Address 4209 SHAD DRIVE  
City-State-Zip: SEBRING FL 33870

Title D  
Name JOHNSON, JEFFREY LSR  
Address 125 S. E. WHITMORE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title TD  
Name JOHNSON, JULIA B  
Address 125 S. E. WHITMORE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title D  
Name DUDLEY, KIMBERLY C  
Address P. O. BOX 5381  
City-State-Zip: LAKELAND FL 33807

*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: BENJAMIN F. CARTER,**

**SECRETARY-DIRECTOR**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date