

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002022

**Entity Name:** BETHANY MINISTRIES INC.

**Current Principal Place of Business:**

8800 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

327 HAMMOCK GROVE COURT  
JACKSONVILLE, FL 32259 US

**FEI Number: 80-0355816**

**Certificate of Status Desired: No**

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

BROWN, WALTER MJR  
327 HAMMOCK GROVE COURT  
JACKSONVILLE, FL 32259 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 CD  
Name BROWN, WALTER MJR  
Address 327 HAMMOCK GROVE COURT  
City-State-Zip: JACKSONVILLE FL 32259

Title COO  
Name KIMBLE, HAZEL ANN  
Address 11246 ROBERT MASTERS COURT  
City-State-Zip: JACKSONVILLE FL 32218

Title VCD  
Name BROWN, BERYL T  
Address 327 HAMMOCK GROVE COURT  
City-State-Zip: JACKSONVILLE FL 32259

Title EXS  
Name ALMA, LEE  
Address 3500 UNIVERSITY BLVD NORTH APT 1804  
City-State-Zip: JACKSONVILLE FL 32211

Title TR  
Name STUCKEY, CATHERINE J  
Address 12569 WHITE CEDAR TRL  
City-State-Zip: JACKSONVILLE FL 32226

Title T  
Name SAMUEL, FREEMAN  
Address 8800 ARLINGTON EXPRESSWAY  
City-State-Zip: JACKSONVILLE FL 32211

*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: WALTER BROWN**

**REGISTERED AGENT**

**04/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date