

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000006875

Entity Name: BETHSAIDA TEMPLE MINISTRIES, INC.

Current Principal Place of Business:

1544 WEST 22ND STREET
HOUSE
JACKSONVILLE, FL 32209

Current Mailing Address:

204 HALIFAX DR
HOUSE
WOODBINE, GA 31569 US

FEI Number: 59-3482168

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILSON, WAYNE LSR.
204 HALIFAX DR
WOODBINE, FL 31569 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 PASTOR
Name WILSON, WAYNE LSR.
Address 204 HALIFAX DR
City-State-Zip: WOODBINE GA 31569

Title CFO
Name WILSON, BEVERLY
Address 204 HALIFAX DR
City-State-Zip: WOODBINE GA 31569

Title DEACON
Name MULLER, ISAAC
Address 1544 WEST 22ND STREET HOUSE
City-State-Zip: JACKSONVILLE FL 32209

Title DEACONESS
Name MULLER, SANDRA
Address 1544 WEST 22ND STREET HOUSE
City-State-Zip: JACKSONVILLE FL 32209

Title OFFICER
Name MULLER, LEOLA
Address 1544 WEST 22ND STREET HOUSE
City-State-Zip: JACKSONVILLE FL 32209

Title OFFICER
Name BANKHEAD, DEELANDON
Address 1544 WEST 22ND STREET HOUSE
City-State-Zip: JACKSONVILLE FL 32209

Title EXECUTIVE SECRETARY
Name TOWNS, VALERINE
Address 845 GARDENIA LANE
City-State-Zip: JACKSONVILLE FL 32208

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: VALERINE TOWNS

EXECUTIVE SECRETARY 09/12/2015

Electronic Signature of Signing Officer/Director Detail

Date