

**2024 FLORIDA NOT FOR PROFIT CORPORATION 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            MIN  
Name            MULLER, ISAAC III  
Address        3730 SOUTEL DR  
                    2210  
City-State-Zip:   JACKSONVILLE FL 32208

Title            USHER  
Name            MULLER, SANDRA  
Address        3730 SOUTEL DR.  
                    2210  
City-State-Zip:   JACKSONVILLE FL 32208

Title            EXECUTIVE SECRETARY  
Name            TOWNS, VALERINE DR.  
Address        1562 WEST 2ST  
                    HOUSE  
City-State-Zip:   JACKSONVILLE FL 32209

*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: +WAYNE L.WILSON SR.**

**PASTOR**

**04/14/2024**

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

\_\_\_\_\_  
Date