#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N9700006875

Entity Name: BETHSAIDA TEMPLE MINISTRIES, INC.

## **Current Principal Place of Business:**

1544 WEST 22ND STREET HOUSE JACKSONVILLE, FL 32209

## **Current Mailing Address:**

204HALIFAX DR HOUSE WOODBINE, GA 31569 US

## FEI Number: 59-3482168

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

WILSON, WAYNE LSR. 204 HALIFAX DR WOODBINE, FL 31569 US FILED May 18, 2016 Secretary of State CC6887430489

Certificate of Status Desired: No

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

# Officer/Director Detail :

Title	PASTOR	Title	CFO
Name	WILSON, WAYNE LSR.	Name	WILSON, BEVERLY
Address	204 HALIFAX DR	Address	204 HALIFAX DR
City-State-Zip:	WOODBINE GA 31569	City-State-Zip:	WOODBINE GA 31569
Title	DEACON	Title	DEACONESS
Name	MULLER, ISAAC	Name	MULLER, SANDRA
Address	1544 WEST 22ND STREET HOUSE	Address	1544 WEST 22ND STREET HOUSE
City-State-Zip:	JACKSONVILLE FL 32209	City-State-Zip:	JACKSONVILLE FL 32209
			0
Title	OFFICER	Title	OFFICER
Title Name	OFFICER MULLER, LEOLA	Title Name	OFFICER BANKHEAD, DEELANDON
Name	MULLER, LEOLA 1544 WEST 22ND STREET	Name	BANKHEAD, DEELANDON 1544 WEST 22ND STREET HOUSE
Name Address	MULLER, LEOLA 1544 WEST 22ND STREET HOUSE	Name Address	BANKHEAD, DEELANDON 1544 WEST 22ND STREET HOUSE
Name Address City-State-Zip:	MULLER, LEOLA 1544 WEST 22ND STREET HOUSE JACKSONVILLE FL 32209	Name Address	BANKHEAD, DEELANDON 1544 WEST 22ND STREET HOUSE
Name Address City-State-Zip: Title	MULLER, LEOLA 1544 WEST 22ND STREET HOUSE JACKSONVILLE FL 32209 EXECUTIVE SECRETARY	Name Address	BANKHEAD, DEELANDON 1544 WEST 22ND STREET HOUSE

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: +BISHOP WAYNE L. WILSON SR

City-State-Zip: JACKSONVILLE FL 32208

PASTOR

Electronic Signature of Signing Officer/Director Detail

Date