

**2019 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: No**

**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 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: +BISHOP WAYNE L. WILSON SR.**

**PASTOR**

**03/06/2019**

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

\_\_\_\_\_  
Date