

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # 717861

1. Entity Name
BETHEL COMMUNITY HEIGHTS, INC.



Principal Place of Business
**731 15TH STREET SOUTH
ST. PETERSBURG, FL 33705**

Mailing Address
**731 15TH STREET SOUTH
ST. PETERSBURG, FL 33705**

DO NOT WRITE IN THIS SPACE



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1379149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARNAL, GARY A
6528 CENTRAL AVENUE
STE H
SAINT PETERSBURG, FL 33707**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000760445
05/25/07-80014-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	COLES, NORA
STREET ADDRESS	2230 36TH ST SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711

TITLE	SD
NAME	WYNN, CECILIA
STREET ADDRESS	2510-C LYNN LAKE CIR SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712

TITLE	TD
NAME	BARNES, WALTER
STREET ADDRESS	2301 CORONAD WAY SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712

TITLE	PD
NAME	MCEACHERN, DAVID
STREET ADDRESS	621 25TH AVE S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #