

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000899

FILED
Apr 28, 2004
Secretary of State

Entity Name: THE BETHEL COMMUNITY DEVELOPMENT CORPORATION OF TALLAHASSEE, FLORIDA, INC.

Current Principal Place of Business:

%BETHEL AME CHURCH
501 W. ORANGE AVE
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

%BETHEL AME CHURCH
501 W. ORANGE AVE
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 59-3301835 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GREEN, JOHN F
501 WEST ORANGE AVENUE
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREEN, JOHN F
Address: 130 COTILLION CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: RICHARDSON, CURTIS
Address: 533 TUSKESEE ST.
City-St-Zip: TALLAHASSEE, FL 32310

Title: SD () Delete
Name: COLLINS, SHIRLEY
Address: 2741 N SANDALWOOD DR
City-St-Zip: TALLAHASSEE, FL 32305

Title: TD () Delete
Name: DICKENS, BILL
Address: 2426 BUTTONBUSH COURT
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BILL DICKENS

T

04/28/2004

Electronic Signature of Signing Officer or Director

Date