2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000000773

1. Entity Name
THE BETHEL EMPOWERMENT FOUNDATION, INC.

Principal Place of Business	Mailing Address
224 N MARTIN LUTHER KING BLVD TALLAHASSEE, FL 32301 US	224 N MARTIN LUTHER KING BLVD TALLAHASSEE, FL 32301 US

DO NOT WRITE IN THIS SPACE

05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3397468
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUMMINGS, CAROLYN D
462 W BREVARD ST
TALLAHASSEE, FL 32301

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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 Carolyn D. Cummings 5/1/08
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MURRAY, BERTHA
STREET ADDRESS	4472 COOL EMERALD DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	BRYANT, ELAINE
STREET ADDRESS	2715 CHARLESTON COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	SD
NAME	WILLIAMS, M. LUCIE
STREET ADDRESS	2114 BROAD STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	TD
NAME	MATHEWS, JAMES F
STREET ADDRESS	988 VIREOS CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	HOLMES, JR, R.B. DR
STREET ADDRESS	2300 MONACO DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/08-80075-004 61.25

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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: Carolyn D. Cummings 5/1/08 (850)222-8440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #