


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90116 009 \*\*\*\*61.25

<b>DOCUMENT # N96000000773</b> 1. Entity Name <b>THE BETHEL EMPOWERMENT FOUNDATION, INC.</b>					
Principal Place of Business <b>224 N MARTIN LUTHER KING BLVD TALLAHASSEE, FL 32301 US</b>			Mailing Address <b>224 N MARTIN LUTHER KING BLVD TALLAHASSEE, FL 32301 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3397468</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CUMMINGS, CAROLYN D 462 W BREVARD ST TALLAHASSEE, FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRYANT, ELAINE</b>		NAME		
STREET ADDRESS	<b>2715 CHARLESTON COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HOBBS, VIVIAN</b>		NAME	<b>VCD Bertha Murray</b>	
STREET ADDRESS	<b>1438 GOLDEN PARK COURT</b>		STREET ADDRESS	<b>4472 Cool Emerald Dr.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>		CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CARTER, MATTHEW</b>		NAME	<b>SD M. Lucile Williams</b>	
STREET ADDRESS	<b>1904-6 MICCOSUKEE RD</b>		STREET ADDRESS	<b>2114 Broad Street</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATHEWS, JAMES F</b>		NAME		
STREET ADDRESS	<b>988 VIREOS CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLMES, JR, R.B. DR</b>		NAME		
STREET ADDRESS	<b>2300 MONACO DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <i>M. Lucile Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/30/04</b> <b>(850) 681-0990</b> <small>Date Daytime Phone #</small>		