4 2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N96000000773 1. Entity Name THE BETHEL EMPOWERMENT FOUNDATION, INC.

FILED
May 26, 2005 8:00 am
Secretary of State

04-25-2005 90245 006 ****61.25

1116 021	THE EIGHT OFFERTIMENT TO	orto, mo.						
Principal Place of Business 224 N MARTIN LUTHER KING BLVD TALLAHASSEE, FL 32301 US		Mailing Address 224 N MARTIN LUTHER KING BLVD TALLAHASSEE, FL 32301 US			66019417			
2. Principal P	Place of Business	3. Mailing Address			1			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05232005 _C	hg-NP	CR2E037 (10	/03)
City & Stat		City & State			4. FEI Number 59-339746			Applied For
Zip	Country	Zip	Country		5. Certificate of S			Not Applicable 5 Additional
	6. Name and Address of Current	<u> </u> t Registered Agent			7. Name and Ado	ress of New R		equired
OUR MAIN C		5 5	Name					
	SS, CAROLYN D EVARD ST		Street Address		P.O. Box Number is	Not Acceptable	3)	
	SSEE, FL 32301						-	
			City				FL Zi	Code
9 The shows	named entity submits this statement f	or the purpose of changing its	registered office of	v register	ad agent or both in	the State of Ele		with and agonat
	tions of registered agent.	or the purpose or changing its	registered cilice c	n ie Brzieie	ed agent, or both, in	ille Siale Oi Fil	ліса. Таппаніка	with, and accept
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered Agent signa	iture required	when reinstating)		DATE	
SIGNATURE	Signature, typed or printed name of registered agen	9. Election Carr	npaign Financing		\$5.00 May Be		lake check paya	
			npaign Financing					
	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND D	9. Election Carr Trust Fund C	npaign Financing		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	lake check paya ida Department	of State PRS IN 10
10.	Filling Fee is \$61.25 ue by September 7, 2005 OFFICERS AND D	9. Election Carr Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	lake check paya ida Department	of State PRS IN 10
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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.

SIGNATURE:

SIGNATURE

SIGNATURE