

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000899

**Entity Name:** THE BETHEL COMMUNITY DEVELOPMENT CORPORATION OF  
TALLAHASSEE, FLORIDA, INC.**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**1862622561CC****Current Principal Place of Business:**501 W. ORANGE AVE  
TALLAHASSEE, FL 32310**Current Mailing Address:**P.O. BOX 5881  
TALLAHASSEE, FL 32313 US**FEI Number: 59-3301835****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCALLISTER, JULIUS  
501 WEST ORANGE AVENUE  
TALLAHASSEE, FL 32310 US*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: JULIUS MCALLISTER****01/16/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** CHAIRMAN  
**Name** MCALLISTER, JULIUS H DR.  
**Address** 501 WEST ORANGE AVENUE  
**City-State-Zip:** TALLAHASSEE FL 32310**Title** SECRETARY  
**Name** NEWBY, SABRITA  
**Address** 501 W. ORANGE AVE  
**City-State-Zip:** TALLAHASSEE FL 32310**Title** EXECUTIVE DIRECTOR  
**Name** JONES, DARRYL  
**Address** 501 WEST ORANGE AVENUE  
**City-State-Zip:** TALLAHASSEE FL 32310**Title** DIRECTOR  
**Name** BOBO, ROSEZETTA  
**Address** 501 W. ORANGE AVE  
**City-State-Zip:** TALLAHASSEE FL 32310**Title** DIRECTOR  
**Name** PARKS, DARYL ESQ.  
**Address** 501 W. ORANGE AVE  
**City-State-Zip:** TALLAHASSEE FL 32310**Title** DIRECTOR  
**Name** JENKINS, DANA  
**Address** 501 W. ORANGE AVE  
**City-State-Zip:** TALLAHASSEE FL 32310**Title** DIRECTOR  
**Name** PEACOCK, ASHLEY  
**Address** 501 W. ORANGE AVE  
**City-State-Zip:** TALLAHASSEE FL 32310**Title** DIRECTOR  
**Name** JACKSON, ERIN  
**Address** 501 W. ORANGE AVE  
**City-State-Zip:** TALLAHASSEE FL 32310**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: MCALLISTER , JULIUS****CHAIRMAN****01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WRIGHT, BARBARA
Address	501 W. ORANGE AVE
City-State-Zip:	TALLAHASSEE FL 32310