

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000899

Entity Name: THE BETHEL COMMUNITY DEVELOPMENT CORPORATION OF
TALLAHASSEE, FLORIDA, INC.**FILED**
May 01, 2024
Secretary of State
5386422908CC**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****05/01/2024**

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 H , DR.**CHAIRMAN****05/01/2024**

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