

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000899

Entity Name: THE BETHEL COMMUNITY DEVELOPMENT CORPORATION OF
TALLAHASSEE, FLORIDA, INC.**FILED**
May 01, 2014
Secretary of State
CC9020399309**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:**JONES, DARRYL
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:**_____
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

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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: DR. JULIUS H. MCALLISTER, JR.**CHAIRMAN****05/01/2014**_____
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