

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000773

Entity Name: THE BETHEL EMPOWERMENT FOUNDATION, INC.**Current Principal Place of Business:**412 N. BRONOUGH STREET
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 10523
TALLAHASSEE, FL 32302**FEI Number: 59-3397468****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CUMMINGS, CAROLYN D
462 W BREVARD ST
TALLAHASSEE, FL 32301 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	CD
Name	BRYANT, ELAINE
Address	2715 CHARLESTON COURT
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	HENRY, MARY
Address	6060 SAMS LANE
City-State-Zip:	TALLAHASSEE FL 32309

Title	SD
Name	WOODS, CHRISITA J
Address	2500 MERCHANTS ROW BLVD. # 115
City-State-Zip:	TALLAHASSEE FL 32311

Title	TD
Name	MATHEWS, JAMES F
Address	988 VIREOS CIRCLE
City-State-Zip:	TALLAHASSEE FL 32312

Title	P
Name	HOLMES, JR, R.B. DR
Address	224 N. MARTIN LUTHER KING JR., BLVD.
City-State-Zip:	TALLAHASSEE FL 32301

Title	D
Name	LEWIS, JERRY
Address	3633 OXHILL COURT
City-State-Zip:	TALLAHASSEE FL 32308

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: ELAINE BRYANT**PRESIDENT****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date