

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000773

**Entity Name:** THE BETHEL EMPOWERMENT FOUNDATION, INC.**Current Principal Place of Business:**428 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32301**Current Mailing Address:**428 W. TENNESSEE STREET  
TALLAHASSEE, FL 32301 US**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	MALOY, DORIS
Address	P.O. BOX 1835
City-State-Zip:	TALLAHASSEE FL 32304

Title	TD
Name	SMITH, WILLIAM III
Address	304 E. TENNESSEE ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	VC
Name	HENDERSON, MARVIN J. DR.
Address	6937 GRENVILLE ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	SD
Name	THORNTON, GLENDA
Address	1188 STONEY CREEK WAY.
City-State-Zip:	TALLAHASSEE FL 32317

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

Title	PROGRAM DIRECTOR
Name	COLLINS, LUCRETIA SHAW
Address	1942 CELTIC ROAD
City-State-Zip:	TALLAHASSEE FL 32317

*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:** LUCRETIA SHAW COLLINS**PROGRAM DIRECTOR****04/28/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date