

2019 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****04/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date