
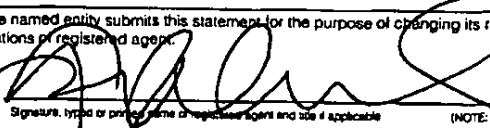
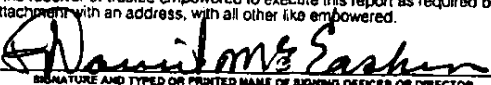


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/1

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90220 042 \*\*\*\*61.25

<b>DOCUMENT # 717861</b>			
1. Entity Name <b>BETHEL COMMUNITY HEIGHTS, INC.</b>			
Principal Place of Business 731 15TH STREET SOUTH ST. PETERSBURG, FL 33705		Mailing Address 731 15TH STREET SOUTH ST. PETERSBURG, FL 33705	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1379149		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CRONIN, MICHAEL T. 911 CHESTNUT STREET CLEARWATER, FL 34616</b>		7. Name and Address of New Registered Agent Name <b>Gary A. Carnal</b> Street Address (P.O. Box Number is Not Acceptable) <b>6528 Central Avenue Ste B</b> <b>St. Petersburg, Florida 33707</b> City <b>St. Petersburg</b> FL <b>33707</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <b>3/7/06</b>	
Filing Fee <b>\$81.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLES, NORA 2748 55TH TERRACE SOUTH ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2230 36th St So. St. Petersburg FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WYNN, CECILIA 2510-C LYNN LAKE CIR SOUTH ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wynn, Cecilia St. Petersburg FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNES, WALTER 2422 13TH AVE SOUTH ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2301 Coronado Way So St. Petersburg 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCEACHERN, DAVID 621 25TH AVE S ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition David M. Sacher 621 25TH AVE ST PETERSBURG FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE <b>3/7/06</b> 727-895-3649	