2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717861

Entity Name: BETHEL COMMUNITY HEIGHTS, INC.

FILED Feb 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
731 15TH STREET SOUTH	

731 15TH STREET SOUTH ST. PETERSBURG, FL 33705

Current Mailing Address: New Mailing Address:

731 15TH STREET SOUTH ST. PETERSBURG, FL 33705

FEI Number: 59-1379149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARNAL, GARY A 6528 CENTRAL AVENUE STE H SAINT PETERSBURG, FL 33707 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: () Change () Addition

 Name:
 COLES, NORA
 Name:

 Address:
 2230 36TH ST SOUTH
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33711
 City-St-Zip:

Title: SD () Delete Title: (X) Change () Addition WYNN, CECELIA Name: Name: WALKER-WILLIAMS, KAREN Address: 2510-C LYNN LAKE CIR SOUTH Address: 4354 50TH TERRACE SOUTH City-St-Zip: SAINT PETERSBURG, FL 33712 City-St-Zip: SAINT PETERSBURG, FL 33711

Title: TD () Delete Title: () Change () Addition

 Name:
 BARNES, WALTER
 Name:

 Address:
 2301 CORONAD WAY SOUTH
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33712
 City-St-Zip:

 $\label{eq:title:pd} \textit{Title:} \qquad \textit{PD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{PD} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

 Name:
 MCEACHERN, DAVID,
 Name:
 MCEACHERN, DAVID

 Address:
 621 25TH AVE S
 Address:
 621 25TH AVE S

City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: SAINT PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID MCEACHERN PRES 02/27/2009