

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 14, 2012
Secretary of State

DOCUMENT# 717861

Entity Name: BETHEL COMMUNITY HEIGHTS, INC.**Current Principal Place of Business:**731 15TH STREET SOUTH
ST. PETERSBURG, FL 33705**New Principal Place of Business:****Current Mailing Address:**731 15TH STREET SOUTH
ST. PETERSBURG, FL 33705**New Mailing Address:****FEI Number:** 59-1379149**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROYAL AMERICAN
731 15TH STREET SOUTH
SAINT PETERSBURG, FL 33705 US**Name and Address of New Registered Agent:**

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:

Title: PRES
Name: COLES, NORA
Address: PO BOX 14544
City-St-Zip: SAINT PETERSBURG, FL 33733

Title: SEC
Name: MCELROY, FAYE
Address: 940 ALCAZAR WAY SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TRES
Name: JONES, JARRISH
Address: 1875 56TH PL SO #C
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: VP
Name: MCEACHERN, DAVID
Address: 621 25TH AVE S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: MBR
Name: BROTHERS, NORRIS
Address: 221 37TH ST SO
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: MBR
Name: BROWN, ERWIN
Address: 215 24TH AVE SE
City-St-Zip: SAINT PETERSBURG, FL 33705

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: FAYE MCELROY

SECR

05/14/2012

Electronic Signature of Signing Officer or Director

Date