

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90035 015 ****70.00

DOCUMENT # 765503

1. Entity Name

HOUSE OF BETH-EL MINISTRIES, INC.



Principal Place of Business

% DOTTIE HEWITT
585 LANCER OAK DRIVE
APOPKA FL 32712

Mailing Address

% DOTTIE HEWITT
585 LANCER OAK DRIVE
APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40005736



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2222938

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEWITT, DOTTIE
585 LANCER OAK DRIVE
APOPKA FL 32712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
, Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HEWITT, DOTTIE
STREET ADDRESS 585 LANCER OAK DRIVE
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CHEEK, MARGUERITE
STREET ADDRESS 943 N LAKE PLEASANT RD
CITY-ST-ZIP APOPKA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME MARILYN M ANDERSON
STREET ADDRESS 2012 MCKINNON RD
CITY-ST-ZIP WINDERMERE FL

TITLE ☒ Change ☐ Addition
NAME **Debie Kaplan**
STREET ADDRESS **2546 Silvermoss Drive**
CITY-ST-ZIP **Wesley Chapel, FL 33543**

TITLE TD ☐ Delete
NAME SAPP, MARLENE
STREET ADDRESS 5905 SUNDERLAND DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HEWITT, JOSEPH
STREET ADDRESS 585 LANCER OAK DRIVE
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Dottie Hewitt, President** *Dottie Hewitt Pres* 1-19-05 (407) 293-5390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #