

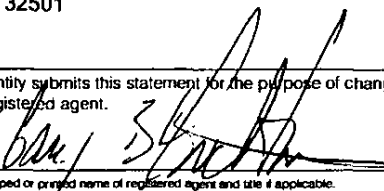
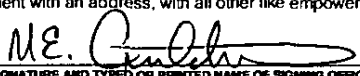


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003689 1. Entity Name BETHEL YOUTH DEVELOPMENT, INC.							
Principal Place of Business 511A WOODLAND DR PENSACOLA, FL 32503			Mailing Address 511A WOODLAND DR PENSACOLA, FL 32503				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		06282005 Chg-NP CR2E037 (10/03) 4. FEI Number 74-2962339 Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				06 JAN 17 AM 11:14 			
6. Name and Address of Current Registered Agent LEUCHTMAN, GARY B 3 WEST GARDEN ST SUITE 700 PENSACOLA, FL 32501						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City/State/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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						2/19/06 05:06 NOTARY PUBLIC FL	
Filing Fee is \$61.25 Due by September 7, 2005							
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-STATE-ZIP	D NICHOLS, JOYCE C DR. 511A WOODLAND DR PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000061079990 11/01/05--01062--001 **\$61.25			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ANSLEY, RENEE 511A WOODLAND DR PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000061079990 02/03/06--01047--023 **\$236.25			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JONES, RITA E DR. 511A WOODLAND DR PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Mark Crutcher 511 A Woodland Dr. Pensacola, FL 32503			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D TAYLOR, MICHAEL 511A WOODLAND DR PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Theresa Simmons 511 A Woodland Dr. Pensacola, FL 32503			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DENSON, CHRISTINE 511A WOODLAND DR PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Robbie White 511 A Woodland Dr. Pensacola, FL 32503			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BUSKEY, DEBORA 511A WOODLAND DR PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 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: 			6/30/05 850-434-3881				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				