

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000003689</b> 1. Entity Name <b>BETHEL YOUTH DEVELOPMENT, INC.</b>					
Principal Place of Business <b>511A WOODLAND DR PENSACOLA, FL 32503</b>			Mailing Address <b>511A WOODLAND DR PENSACOLA, FL 32503</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>74-2962339</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEUCHTMAN, GARY B 3 WEST GARDEN ST SUITE 700 PENSACOLA, FL 32501</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICHOLS, JOYCE C DR.	NAME	<div style="text-align: center;"> <b>U000000765482</b>  <b>06/01/07-80007-002 61.25</b> </div>		
STREET ADDRESS	511A WOODLAND DR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	ANSLEY, RENEE	NAME			
STREET ADDRESS	511A WOODLAND DR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	CRUTCHER, MARK	NAME			
STREET ADDRESS	511A WOODLAND DR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	SIMMONS, THERESA	NAME			
STREET ADDRESS	511A WOODLAND DR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	WHITE, ROBBIE	NAME			
STREET ADDRESS	511A WOODLAND DR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	BUSKEY, DEBORA	NAME			
STREET ADDRESS	511A WOODLAND DR	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b> <u>ME. G. G. G.</u> <span style="float: right;">May 23, 2007</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					