


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 28, 2004 8:00 am**  
**Secretary of State**

09-28-2004 90001 006 \*\*\*\*70.00

<b>DOCUMENT # N00000004213</b> 1. Entity Name <b>THE GATE OF BETHEL, INC.</b>	
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Principal Place of Business <b>11 NW 34TH AVE FORT LAUDERDALE, FL 33311</b>	Mailing Address <b>11 NW 34TH AVE FORT LAUDERDALE, FL 33311</b>
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**54073520**



07272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1038222</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WILSON, IVORY 3571 NW 2ND STREET FORT LAUDERDALE, FL 33311</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, IVORY 11 NW 34TH AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, SANDRA 11 NW 34TH AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYCINTH, BLISSETT 12229 DE 1ST LANE NORTH ROYAL PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 of 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:  **IVORY WILSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/29/2004**  
Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 26, 2004

THE GATE OF BETHEL, INC.  
P.O. BOX 120184  
FORT LAUDERDALE, FL 33312

SUBJECT: THE GATE OF BETHEL, INC.  
Ref. Number: N00000004213

Pursuant to our telephone conversation of July 26, 2004, I am enclosing application as requested..

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams  
Document Specialist

Letter Number: 204A00046983