


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90017 013 ****61.25

DOCUMENT # N00000006497 1. Entity Name BETHLEHEM COMMUNITY CENTER, INC.					
Principal Place of Business 835 SW BETHLEHEM AVE. FORT WHITE, FL 32038			Mailing Address 835 SW BETHLEHEM AVE. FORT WHITE, FL 32038		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REED, JAMES F 657 SW TINUQUA TER. FORT WHITE, FL 32038			Name Morris Anderson Street Address (P.O. Box Number is Not Acceptable) 1275 S.W. County Road 778 City Fort White FL Zip Code 32038		
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 <i>Morris E. Anderson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 5/13/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REED, JAMES	NAME			
STREET ADDRESS	657 SW TINUQUA TER.	STREET ADDRESS			
CITY-ST-ZIP	FORT WHITE, FL 32038	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, MORRIS	NAME			
STREET ADDRESS	1275 S.W. COUNTY ROAD 778	STREET ADDRESS			
CITY-ST-ZIP	FORT WHITE, FL 32038	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES, DERRICK	NAME			
STREET ADDRESS	334 SW CHINCHILLA GLN.	STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS, FL 32606	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAGAN, CAREY	NAME			
STREET ADDRESS	1634 S.W. BETHLEHEM AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FORT WHITE, FL 32038	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREENEY, RUDOLPH	NAME			
STREET ADDRESS	965 S.W. BETHLEHEM AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FORT WHITE, FL 32038	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Mitchell T. BROWN		
STREET ADDRESS		STREET ADDRESS	881 SW CR 778		
CITY-ST-ZIP		CITY-ST-ZIP	High Springs, FL 32643		
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: <i>Morris E. Anderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 5/13/05 <small>Daytime Phone #</small>		