

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

03302005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3656202

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current 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

Morris E. Anderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/13/05

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	D REED, JAMES 657 SW TINUQUA TER. FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MORRIS 1275 S.W. COUNTY ROAD 778 FORT WHITE, FL 32038	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, DERRICK 334 SW CHINCHILLA GLN. HIGH SPRINGS, FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGAN, CAREY 1634 S.W. BETHLEHEM AVENUE FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREENEY, RUDOLPH 965 S.W. BETHLEHEM AVENUE FORT WHITE, FL 32038	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			Mitchell T. BROWN 881 SW CR 778 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: *Morris E. Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/05

Daytime Phone #