


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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
--	--



04232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3656202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, MORRIS
1275 SW COUNTY ROAD 778
FORT WHITE, FL 32038**

**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 *Morris E. Anderson* 4/26/07
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 May 1, 2007**

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	DC ANDERSON, MORRIS 1275 S.W. COUNTY ROAD 778 FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREENEY, RUDOLPH 965 S.W. BETHLEHEM AVENUE FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MITCHELL T 881 SW CR 778 HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGAN, CAREY 1634 SW BETHLEHEM AVE. FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFIN, KIM P.O. BOX 238 FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000748822
05/17/07-80082-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Morris E. Anderson* 4/26/07 386-454-3696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #