

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

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-11-2005 90176 005 ****61.25

| | | | |
|--|---------------------------------|---|---|
| DOCUMENT # N02000003747 | | | |
| 1. Entity Name THE HOUSE OF BETHEL INC. | | | |
| Principal Place of Business LEARNING CENTER 70 DIXIE HIGHWAY SAINT AUGUSTINE, FL 32085 US | | Mailing Address 501 N. OCEAN BOX 1004 701 JACKSONVILLE, FL 32202 US | |
| 2. Principal Place of Business Learning Center 70 Dixie Highway St. Augustine, FL Zip 32085 Country U.S.A | | 3. Mailing Address 501 N. Ocean Suite, Apt. #, etc. Box 701 Jacksonville, Florida Zip 32202 Country U.S.A | |
| 4. FEI Number 41-2072261 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GILLINS, MARIE 501 N. OCEAN STREET BOX 1004 JACKSONVILLE, FL 32202 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing <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 DF NAME GILLINS, MARIE STREET ADDRESS 440 W. 8TH STREET CITY-ST-ZIP ST. AUGUSTINE, FL | <input type="checkbox"/> Delete | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DO NAME MISSIONARY MCKINNEY, PEARL STREET ADDRESS 440 W. 6TH STREET CITY-ST-ZIP ST. AUGUSTINE, FL | <input type="checkbox"/> Delete | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME BROTHER O. MCKINNEY STREET ADDRESS 440 W. 8TH STREET CITY-ST-ZIP ST. AUGUSTINE, FL | <input type="checkbox"/> Delete | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE OS NAME FISHER, LAURA STREET ADDRESS 772 W 8 STREET CITY-ST-ZIP SAINT AUGUSTINE, FL | <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 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 type="checkbox"/> Addition |
| 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: <u>Marie Gillins (Dir)</u> | | Date <u>4/24/05</u> <u>904-383-4677</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |

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