2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006
Secretary of State

DOCUMENT# N03000002583

Entity Name: BETHELITE, INC.

Current Principal Place of Business:

BETHEL BAPTIST INSTITUTIONAL CHURCH
215 BETHEL BAPTIST STREET,
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

BETHEL BAPTIST INSTITUTIONAL CHURCH
215 BETHEL BAPTIST STREET,
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 32-0072603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AUSTIN, RONALD R ESQ.
1400 PRUDENTIAL DRIVE
SUITE 1
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCKISSICK, RUDOLPH SR.,
Address: 215 BETHEL BAPTIST STREET,
City-St-Zip: JAX.,, FL 32202

Title: VP ( ) Delete
Name: MCKISSICK, RUDOLPH JR.
Address: 215 BETHEL BAPTIST STREET,
City-St-Zip: JAX.,, FL 32202

Title: S ( ) Delete
Name: HOPE, GLYN
Address: 215 BETHEL BAPTIST STREET,
City-St-Zip: JAX., FL 32202

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SMITH, NICOLE
Address: 215 BETHEL BAPTIST STREET,
City-St-Zip: JAX., FL 32202

Title: OFFI ( ) Change (X) Addition
Name: SALTER, APRIL
Address: 215 BETHEL BAPTIST STREET
City-St-Zip: JAX, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL SALTER OFFI 07/18/2006
Electronic Signature of Signing Officer or Director — Date