

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007999

FILED
Mar 08, 2006
Secretary of State

Entity Name: ALMS OF BETHEL COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

PO BOX 526 PINE ST
MAYO, FL 32066

New Principal Place of Business:

PO BOX 526
357 PINE STREET
MAYO, FL 32066

Current Mailing Address:

P.O. BOX 786
PERRY, FL 32347

New Mailing Address:

P.O. BOX 786
PERRY, FL 32348

FEI Number: 55-0851778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMPS, CAROLYN C
550 MYRTLE ST
PERRY, FL 32347 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: DEMPS, CAROLYN C
Address: 550 MYRTLE ST
City-St-Zip: PERRY, FL 32347

Title: V () Delete
Name: DEMPS, CHESTER H
Address: 550 MYRTLE ST
City-St-Zip: PERRY, FL 32347

Title: S () Delete
Name: WOODS, ODESSA
Address: PO BOX 163
City-St-Zip: MAYO, FL 32066

Title: T () Delete
Name: JACKSON, MARGARITE
Address: PO BOX 421
City-St-Zip: MAYO, FL 32066

Title: S () Delete
Name: JENKINS, ALZADA
Address: PO BOX 781
City-St-Zip: BRANFORD, FL 32008

Title: T (X) Delete
Name: HILL, JERRY
Address: PO BOX 1542
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEMPS, CHESTER H
Address: 550 MYRTLE ST
City-St-Zip: PERRY, FL 32347

Title: V (X) Change () Addition
Name: DEMPS, CAROLYN C
Address: 550 MYRTLE ST
City-St-Zip: PERRY, FL 32347

Title: T (X) Change () Addition
Name: WOODS, ODESSA
Address: PO BOX 163
City-St-Zip: MAYO, FL 32066

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

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

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

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: CAROLYN C. DEMPS

V.P.

03/08/2006

Electronic Signature of Signing Officer or Director

Date