

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007999

FILED
Apr 30, 2009
Secretary of State

Entity Name: ALMS OF BETHEL COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

368 SW. PINE ST.
MAYO, FL 32066

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 202
MAYO, FL 32066

New Mailing Address:

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, CHESTER H
Address: 550 MYRTLE ST
City-St-Zip: PERRY, FL 32347

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

Title: T () 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date