

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 22, 2005
Secretary of State

DOCUMENT# N04000004710

Entity Name: BETH T'FILE OF CENTRAL FLORIDA INC.**Current Principal Place of Business:**31538 SUMMIT ST
SORRENTO, FL 32776 US**New Principal Place of Business:****Current Mailing Address:**31538 SUMMIT ST
SORRENTO, FL 32776 US**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MOLINE, DAWN L
31538 SUMMIT ST
SORRENTO, FL 32776 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: MOLINE, STEPHEN K
Address: 31538 SUMMIT ST
City-St-Zip: SORRENTO, FL 32776 US

Title: S () Delete
Name: HILES, SCOTT
Address: 532 B BAHAI CIRCLE
City-St-Zip: OCALA, FL 34472 US

Title: M () Delete
Name: HILES, LORI
Address: 16875 SE 165TH AVE
City-St-Zip: WEIRSDALE, FL 32195 US

Title: T () Delete
Name: WOODBURY, KATHERINE
Address: 616 SE 31ST TERRACE
City-St-Zip: OCALA, FL 34471 US

Title: M (X) Delete
Name: VIETEN, JIM
Address: 14888 NE 145 PL
City-St-Zip: FT MCCOY, FL 32134 US

Title: VP (X) Delete
Name: LEVANE, HOWARD
Address: 14359 SW 39TH COURT RD
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: LEVANE, MARGERET
Address: 12144 SW 39TH LN
City-St-Zip: OCALA, FL 34481 US

Title: M (X) Change () Addition
Name: VIETEN, JIM
Address: 14888 NE 145 PL
City-St-Zip: FT MCCOY, FL 32134 US

Title: VP (X) Change () Addition
Name: WOODBURY, KATHERINE
Address: 616 SE 31ST TERRACE
City-St-Zip: OCALA, FL 34471 US

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 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 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: STEPHEN K MOLINE

P

09/22/2005

Electronic Signature of Signing Officer or Director

Date