

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004710

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** BETH T'FILEA OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

31538 SUMMIT ST  
SORRENTO, FL 32776 US

**New Principal Place of Business:**

14356 SW 39TH TERR  
OCALA, FL 34473 US

**Current Mailing Address:**

31538 SUMMIT ST  
SORRENTO, FL 32776 US

**New Mailing Address:**

14356 SW 39TH TERR  
OCALA, FL 34473 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
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:**

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: AMATO, NATALIE  
Address: 6765 CHERRY ROAD  
City-St-Zip: OCALA, FL 34472 US

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

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

Title: M ( ) Delete  
Name: BOODHRAM, TERRY  
Address: 17230 S.E. 115TH AVENUE  
City-St-Zip: WEIRSDALE, FL 32195 US

Title: M ( ) Delete  
Name: PENDERGRAFT, ROSE  
Address: 1913 N.E. 50TH STREET  
City-St-Zip: OCALA, FL 34479 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MOLINE, STEPHEN K  
Address: 14356 SW 39TH TERR  
City-St-Zip: OCALA, FL 34473 US

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: DAWN L MOLINE

M

07/05/2007

Electronic Signature of Signing Officer or Director

Date