

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004710

FILED
Aug 28, 2009
Secretary of State

Entity Name: BETH T'FILA OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

14356 SW 39TH TERR
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

14356 SW 39TH TERR
OCALA, FL 34473 US

New Mailing Address:

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:

Name and Address of New Registered Agent:

MOLINE, DAWN L
31538 SUMMIT ST
SORRENTO, FL 32776 US

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: 14356 SW 39TH TERR
City-St-Zip: OCALA, FL 34473 US

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

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

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: M (X) Change () Addition
Name: SHANNAH, HEATHCOE
Address: NW 4TH AVE
City-St-Zip: OCALA, FL 34475

Title: M (X) Change () Addition
Name: DAWN, MOLINE
Address: 14356 SW 39TH TERR
City-St-Zip: OCALA, FL 34473

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 MOLINE

M

08/28/2009

Electronic Signature of Signing Officer or Director

Date