

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005771

FILED
Apr 28, 2009
Secretary of State

Entity Name: BETHLEHEM METHODIST EPISCOPAL CEMETERY RESTORATION ORGANIZATION, INC.

Current Principal Place of Business:

16806 SW STATE RD. 45
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 121
ARCHER, FL 32618

New Mailing Address:

FEI Number: 06-1701174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CLYDE C
16806 SW STATE RD. 45
ARCHER, FL 32618 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: D () Delete
Name: LEE, PAUL
Address: PO BOX 533
City-St-Zip: ARCHER, FL 32618

Title: S () Delete
Name: LEE, DOROTHY
Address: PO BOX 533
City-St-Zip: ARCHER, FL 32618

Title: VP () Delete
Name: NUBIN, CLORA
Address: 16221 SW 95TH AVE
City-St-Zip: ARCHER, FL 32618

Title: T () Delete
Name: HENDERSON, BERTHA
Address: 14706 SW 170 STREET
City-St-Zip: ARCHER, FL 32618

Title: S () Delete
Name: NUBIN, CLORA
Address: 16721 SW 95TH AVE
City-St-Zip: ARCHER, FL 32618

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: T (X) Change () Addition
Name: HENDERSON, BERTHA
Address: 17013 SW 147 AVE
City-St-Zip: ARCHER, FL 32618

Title: S (X) Change () Addition
Name: MCDANIEL, JUANITA
Address: 17013 SW 147 AVE
City-St-Zip: ARCHER, FL 32618

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: CLYDE C WILLIAMS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date