

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008133

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** BETHEL OF MT. SINAI HOLY CHURCH OF MAYO, INC.

**Current Principal Place of Business:**

357 PINE STREET  
MAYO, FL 32066

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 526  
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 STREET  
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, CAROLYN C  
Address: 550 MYRTLE STREET  
City-St-Zip: PERRY, FL 32347

Title: V ( ) Delete  
Name: DEMPS, CHESTER H  
Address: 550 MYRTLE STREET  
City-St-Zip: PERRY, FL 32347

Title: S ( ) Delete  
Name: WOODS, ODESSA O  
Address: POST OFFICE BOX 163  
City-St-Zip: MAYO, FL 32066

Title: T ( ) Delete  
Name: JACKSON, MARGARITE  
Address: POST OFFICE BOX 421  
City-St-Zip: MAYO, FL 32066

**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:

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

PAST

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date