

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003951

FILED
Apr 22, 2009
Secretary of State

Entity Name: BETHEL OUTREACH, INC.

Current Principal Place of Business:

110 N. ARMENIA AVE., SUITE A
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

110 N. ARMENIA AVE., SUITE A
TAMPA, FL 33609

New Mailing Address:

FEI Number: 80-0190279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WRIGHT-DOUGLAS, KAYDELL
110 N. ARMENIA AVE., SUITE A
TAMPA, FL 33609 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: PD () Delete
Name: MICKENS, SONYA S
Address: 6401 AMBASSADOR DR.
City-St-Zip: TAMPA, FL 33615

Title: VD () Delete
Name: MICKENS, SONYA S
Address: 6401 AMBASSADOR DR.
City-St-Zip: TAMPA, FL 33615

Title: VD () Delete
Name: MICKENS, PETER
Address: 6102 WEB RD., #1408
City-St-Zip: TAMPA, FL 33615

Title: TD () Delete
Name: HOUCK, TIMOTHY JR.
Address: 17817 SAILFISH DR.
City-St-Zip: LUTZ, FL 33558

Title: SD () Delete
Name: BURNS-CHEATON, MISSY
Address: 7309 ENSENADA CT., #218
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: CHEATON, ORRIAN J SR.
Address: 7309 ENSENADA CT., #218
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MICKENS, DWAYNE A
Address: 6401 AMBASSADOR DR.
City-St-Zip: TAMPA, FL 33615

Title: PD (X) Change () Addition
Name: MICKENS, SONYA S
Address: 6401 AMBASSADOR DR.
City-St-Zip: TAMPA, FL 33615

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

Title: TD (X) Change () Addition
Name: HOUCK, TIMOTHY JR.
Address: 2412 BELLE CHASE CIR.
City-St-Zip: TAMPA, FL 33634

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: DWAYNE A. MICKENS

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date