

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007807

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** BETHESDA CARES MINISTRIES INC.

**Current Principal Place of Business:**

2715 SW 177TH PLACE ROAD  
OCALA, FL 34473

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 771288  
OCALA, FL 34477

**New Mailing Address:**

**FEI Number:** 27-0702513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARRIS, JARRED N  
2715 SW 177TH PLACE ROAD  
OCALA, FL 34473 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: CEO  
Name: PARRIS, JARRED N  
Address: PO BOX 771288  
City-St-Zip: Ocala, FL 34477

Title: PRES  
Name: PARRIS, MARCHA C  
Address: PO BOX 771288  
City-St-Zip: Ocala, FL 34477

Title: TRES  
Name: SPRUILL, TERRY  
Address: PO BOX 771288  
City-St-Zip: Ocala, FL 34477

Title: SEC  
Name: CONSTANT, MARIE  
Address: 7239 SW 115TH PLACE  
City-St-Zip: Ocala, FL 34476

I hereby 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 all other like empowered.

SIGNATURE: JARRED PARRIS

CEO

02/03/2012

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

\_\_\_\_\_  
Date