

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006540

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** BETHLEHEM ASSISTED LIVING AND ORPHANAGE CARE CENTER INC.

**Current Principal Place of Business:**

3188 NW 43RD ST  
LAUDERDALE LAKES, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3188 NW 43RD ST  
LAUDERDALE LAKES, FL 33309

**New Mailing Address:**

**FEI Number:** 27-4176813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARRETT-WILSON, IONIE  
3188 NW 43RD ST  
LAUDERDALE LAKES, FL 33309 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: PCEO  
Name: BARRETT-WILSON, IONIE  
Address: 3188 NW 43RD ST  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: A  
Name: BRISSETT, ALEXANDER  
Address: 1008 WYOMING AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: S  
Name: BALL, ANNETTE  
Address: 4920 NW 14TH ST  
City-St-Zip: LAUDERHILL, FL 33313

Title: D  
Name: BARRETT, MARY  
Address: 15 HEDGE END ROAD  
City-St-Zip: SCARB ONTARIO MIB 524,

Title: D  
Name: ATKINS, MERION  
Address: 3450 NW 6TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33311

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: IONIE BARRETT-WILSON

CEO

04/25/2012

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

\_\_\_\_\_  
Date