SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 16, 1999 8:00 am**
**Secretary of State**
04-16-1999 90112 030 ****61.25

0007270

DOCUMENT # N93000000875

1. Corporation Name
BETH-EL CHRISTIAN CENTER OF CLAIR MEL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6602 CAUSEWAY BOULEVARD<br>TAMPA FL 33619 | 6602 CAUSEWAY BOULEVARD<br>TAMPA FL 33619 |

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 03/17/1993

4. FEI Number: 59-3172724 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TRUSS, SHELLIE
7313 OBRIEN STREET
TAMPA FL 33616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TRUSS, SHELLIE | | 1.2 NAME | | |
| STREET ADDRESS | 7313 OBRIEN STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33616 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☒ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SMITH, EUGENE | | 2.2 NAME | | |
| STREET ADDRESS | 5824 58TH STREET CT. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33619 | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | WALKER, VERNELL | | 3.2 NAME | | |
| STREET ADDRESS | 5803 LANGSTON CT. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33619 | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | BLOUNT, THELMA | | 4.2 NAME | | |
| STREET ADDRESS | 5904 SOUTH 12TH AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33619 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LOMAX, DAVID | | 5.2 NAME | | |
| STREET ADDRESS | 7406 SHERREN DRIVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33619 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | ROGERS, LOUZETTA | | 6.2 NAME | | |
| STREET ADDRESS | 3818 E. 32ND AVE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33619 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQU SHELLIE TRUSS 07/03/99 839-3836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #