2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90318 050 ****61.25

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

Principal Place of Business	Mailing Address
6602 CAUSEWAY BOULEVARD TAMPA, FL 33619	6602 CAUSEWAY BOULEVARD TAMPA, FL 33619

000044631

04112005 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

TRUSS, SHELLIE
7313 OBRIEN STREET
TAMPA, FL 33616

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRUSS, SHELLIE
STREET ADDRESS	7313 OBRIEN STREET
CITY-ST-ZIP	TAMPA, FL 33616
TITLE	SD
NAME	WALKER, VERNELL
STREET ADDRESS	5803 LANGSTON CT.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	TD
NAME	BLOUNT, THELMA
STREET ADDRESS	5904 SOUTH 12TH AVE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D
NAME	LOMAX, DAVID
STREET ADDRESS	7406 SHERREN DRIVE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vernell Walker Vernell Walker 04/17/05 813-238-7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #