


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000875 1. Entity Name BETH-EL CHRISTIAN CENTER OF CLAIR MEL, INC.		
Principal Place of Business 6602 CAUSEWAY BOULEVARD TAMPA, FL 33619	Mailing Address 6602 CAUSEWAY BOULEVARD TAMPA, FL 33619	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TRUSS, SHELLIE 7313 OBRIEN STREET TAMPA, FL 33616		
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRUSS, SHELLIE 7313 OBRIEN STREET TAMPA, FL 33616	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WALKER, VERNELL 5803 LANGSTON CT. TAMPA, FL 33619	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BLOUNT, THELMA 5904 SOUTH 12TH AVE TAMPA, FL 33619	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOMAX, DAVID 7406 SHERREN DRIVE TAMPA, FL 33619	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Vernell Walker</u> Vernell Walker <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3172724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000534808
05/08/06-80026-013 61.25

DO NOT WRITE
IN THIS SPACE

4/24/06 (813) 238-7902
Date Daytime Phone #