

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90865 004 \*\*\*\*61.25

**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**



04262007 No Chg-NP CR2E037 (4/06)

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**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Vernell Walker* **Vernell Walker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-07** **(813) 630-9145**  
Date Daytime Phone #