

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002181

FILED
Apr 19, 2008
Secretary of State

Entity Name: MOUNT BETHEL HUMAN SERVICES CORPORATION, INC.

Current Principal Place of Business:

1021 NORTHWEST 6TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1021 NORTHWEST 6TH STREET
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0412414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, NETHEL
2172 CHAMPIONS WAY
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

GLOVER, CLARENCE E P
901 NW 11TH AVENUE
FORT LAUDERDALE, FL 33311 US

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: CLARENCE E GLOVER

04/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KING, TUNDRA
Address: 11650 NW 41 STREET
City-St-Zip: SUNRISE, FL 33323

Title: P () Delete
Name: GLOVER, CLARENCE E
Address: 901 NORTHWEST 11 AVENUE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: C () Delete
Name: HURRY, ANETTE
Address: 996 SW 159TH WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T () Delete
Name: ARBOGAST, STEVEN
Address: 1100 EAST LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: JOHNSON, AL
Address: 1227 SEAVIEW
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D (X) Delete
Name: WALKER, HELEN
Address: 4841 NW 16TH COURT
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALKER, HELEN
Address: 4841 NW 16TH COURT
City-St-Zip: LAUDERHILL, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLARENCE E GLOVER

P

04/19/2008

Electronic Signature of Signing Officer or Director

Date