

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002181

FILED
Feb 16, 2012
Secretary of State

Entity Name: MOUNT BETHEL HUMAN SERVICES CORPORATION, INC.

Current Principal Place of Business:

708 WEST OAKLAND PARK BLVD
WILTON MANORS, FL 33311

New Principal Place of Business:

547 NW 9TH AVENUE
FORT LAUDERDALE, FL 33311

Current Mailing Address:

708 WEST OAKLAND PARK BLVD
WILTON MANORS, FL 33311

New Mailing Address:

547 NW 9TH AVENUE
FORT LAUDERDALE, FL 33311

FEI Number: 65-0412414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: BATTLE, MOZELL
Address: 1730 NW 35TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

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

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

Title: D
Name: COLDEN, ELIZABETH
Address: 2202 S. CYPRESS BLVD.
City-St-Zip: POMPANO BEACH, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: CLARENCE GLOVER

P

02/16/2012

Electronic Signature of Signing Officer or Director

Date