# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004005

Feb 13, 2006 Secretary of State

Entity Name: BETHEL FAMILY ENRICHMENT CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

17025 NW 22 AVE OPA LOCKA, FL 33056

**Current Mailing Address: New Mailing Address:** 

17025 N.W. 22ND AVE MIAMI, FL 33056

FEI Number: 65-0512209 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HORTON, G. DAVID DR. 17025 NW 22ND AVE OPA LOCKA, FL 33056 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:

Date

### Electronic Signature of Registered Agent

#### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete HORTON, G. DAVID DR. HORTON, G. DAVID DR. Name: Name: 17025 N.W. 22ND AVENUE. Address: 17025 N.W. 22ND AVENUE Address: City-St-Zip: MIAMI, FL 33056 US City-St-Zip: MIAMI, FL 33056 US

Title: Title: (X) Change ( ) Addition ( ) Delete BURLEY, ERNEST SR. Name: DAPHNIS, GERARD Name: Address: 17025 N.W. 22ND AVE. Address: 15991 N.W. 14TH ROAD

City-St-Zip: MIAMI, FL 33056 US City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: () Delete Title: (X) Change ( ) Addition WILLIAMS, ACHIE WILLIAMS, ACHIE Name: Name:

17025 N.W. 22ND AVENUE 20800 N.W. 34TH AVENUE. Address: Address: City-St-Zip: MIAMI, FL 33056 US City-St-Zip: MIAMI, FL 33056 US

Title: () Delete Title: (X) Change ( ) Addition Name: BRYANT, BARBARA Name: GLENN, PAULINE G

20613 N W 3RD AVENUE Address: 17025 N.W. 22ND AVENUE Address: City-St-Zip: MIAMI, FL 33055 US City-St-Zip: MIAMI, FL 33169 US

Title: () Delete Title: (X) Change ( ) Addition

ROBINSON, WILENE C DAVIS, PAULA S Name: Name: 17025 N.W. 22ND AVENUE 852 S W 178 WAY Address: Address:

MIAMI, FL 3356 US City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the 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: G. DAVID HORTON D 02/13/2006