2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N94000004005

Entity Name: BETHEL FAMILY ENRICHMENT CENTER, INC.

Current Principal Place of Business:

17025 NW 22 AVE
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

HORTON, G. DAVID DR.
17025 NW 22ND AVE
OPA LOCKA, FL 33056 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:	D	( ) Delete
Name:	HORTON, G. DAVID DR.	
Address:	17025 N.W. 22ND AVENUE	
City-St-Zip:	MIAMI, FL 33056 US	
Title:	D	( ) Delete
Name:	DAPHNIS, GERARD	
Address:	15991 N.W. 14TH ROAD	
City-St-Zip:	PEMBROKE PINES, FL 33028 US	
Title:	D	( ) Delete
Name:	WILLIAMS, ACHIE	
Address:	20800 N.W. 34TH AVENUE.	
City-St-Zip:	MIAMI, FL 33056 US	
Title:	D	( ) Delete
Name:	GLENN, PAULINE G	
Address:	20613 N W 3RD AVENUE	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	D	( ) Delete
Name:	DAVIS, PAULA S	
Address:	852 S W 178 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029 US	

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:	( ) 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: G. DAVID HORTON PRES 04/29/2008

Electronic Signature of Signing Officer or Director — Date