## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N94000004005

Entity Name: BETHEL FAMILY ENRICHMENT CENTER, INC.

Apr 30, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

17025 NW 22 AVE 17025 NW 22 AVE

OPA LOCKA, FL 33056 MIAMI GARDENS, FL 33056

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

17025 N.W. 22ND AVE 17025 N.W. 22ND AVE

MIAMI, FL 33056 MIAMI GARDENS, FL 33056 US

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

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

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

US

# ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

#### **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: () Delete Title: () Change () Addition

Name: DAPHNIS, GERARD Name: Address: 15991 N.W. 14TH ROAD Address: City-St-Zip: PEMBROKE PINES, FL 33028 US City-St-Zip:

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

20800 N.W. 34TH AVENUE. 17995 S W 30TH STREET Address: Address: City-St-Zip: MIAMI, FL 33056 US City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: ( ) Delete Title: MGR (X) Change ( ) Addition GLENN, PAULÍNE G Name: Name: GLENN, PAULINE G

20613 N W 3RD AVENUE 20867 NW 9TH COURT BLDG 16 #204 Address: Address:

City-St-Zip: MIAMI, FL 33169 US City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: ( ) Delete (X) Change ( ) Addition DAVIS, PAULA S DAVIS, PAULA S Name: Name: 852 S W 178 WAY 852 S W 178 WAY Address: Address:

PEMBROKE PINES, FL 33029 US PEMBROKE PINES, FL 33029 US City-St-Zip: 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.

Title:

SIGNATURE: G. DAVID HORTON Ρ 04/30/2009