

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAY 15 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000899

1. Corporation Name  
The Bethel Community Development Corporation of Tallahassee Florida, Inc.

Principal Place of Business Mailing Address  
501 West Orange Avenue  
Tallahassee, Florida 32310

3. Date Incorporated or Qualified 23 Feb 1995  
3a. Date of Last Report

21. Principal Place of Business Bethel AME Church	22. Suite, Apt. #, etc. ---	2a. Mailing Address 501 W. Orange Ave	26. Suite, Apt. #, etc. ---	4. FEI Number 59-3301835	Applied For Not Applicable
23. City & State Tallahassee, Fla.	27. City & State Tallahassee, Fla.	28. City & State Tallahassee, Fla.	29. Zip 32310	30. Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 32310	25. Country USA	29. Zip 32310	30. Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
				81. Name John F. Green		
				82. Street Address (P.O. Box Number is Not Acceptable) 501 West Orange Avenue		
				83.		
				84. City Tallahassee	85. Zip Code FL 32310	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 5/14/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President Director <input type="checkbox"/> DELETE	1.1 TITLE		100002179381-4			
NAME	John F. Green	1.2 NAME		-05/15/97--01004--022			
STREET ADDRESS	2001 Old Augustine Road F-201	1.3 STREET ADDRESS		*****61.25 *****61.25			
CITY- ST- ZIP	Tallahassee, FL 32301	1.4 CITY- ST- ZIP					
TITLE	Vice President, Director <input type="checkbox"/> DELETE	2.1 TITLE					
NAME	Dr. Edward Scott, II	2.2 NAME					
STREET ADDRESS	2304 Monaco Dr.	2.3 STREET ADDRESS					
CITY- ST- ZIP	Tallahassee, FL 32308	2.4 CITY- ST- ZIP					
TITLE	Secretary, Director <input type="checkbox"/> DELETE	3.1 TITLE		100002179381-4			
NAME	Dr. Mary Newell	3.2 NAME		-05/15/97--01004--023			
STREET ADDRESS	Gore 306-B	3.3 STREET ADDRESS		*****8.75 *****8.75			
CITY- ST- ZIP	Tallahassee, FL 32307-4900	3.4 CITY- ST- ZIP					
TITLE	Treasurer, Director <input type="checkbox"/> DELETE	4.1 TITLE					
NAME	Dr. Melvin Stith	4.2 NAME					
STREET ADDRESS	2588 Noble Dr.	4.3 STREET ADDRESS					
CITY- ST- ZIP	Tallahassee, FL 32308	4.4 CITY- ST- ZIP					
TITLE		5.1 TITLE					
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY- ST- ZIP		5.4 CITY- ST- ZIP					
TITLE		6.1 TITLE					
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY- ST- ZIP		6.4 CITY- ST- ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 5/15/97 (904) 576-7501

CR2E037 (9/96)