FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N95000002302 (6)**

1. Corporation Name

BETHEL SCHOOL COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
ROUTE 2. STATE ROAD 149 MONTICELLO FL 32344	ROUTE 2. STATE ROAD 149 MONTICELLO FL 32344

3. Date Incorporated or Qualified: 05/11/1995

3a. Date of Last Report: THIS IS 1ST REPORT

4. FEI Number: 59-3343262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 ROUTE 2, BOX 163
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MONTICELLO, FL
Zip 24 / Country 25	Zip 29 32344 / Country 30 USA

9. Name and Address of Current Registered Agent

BIRD, T. BUCKINGHAM
220 SOUTH CHERRY STREET
MONTICELLO FL 32345

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when formatting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CATHEY, PATRICIA W	1.2 NAME	CATHEY, PATRICIA W	
STREET ADDRESS	ROUTE 2, BOX 163, GILBERT ROAD	1.3 STREET ADDRESS	ROUTE 2, BOX 163, GILBERT ROAD	
CITY-ST-ZIP	MONTICELLO FL 32344	1.4 CITY-ST-ZIP	MONTICELLO, FL 32344	
	☐ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
		2.2 NAME	GILBERT, RICHARD M.	
		2.3 STREET ADDRESS	ROUTE 2, BOX 163, GILBERT ROAD	
		2.4 CITY-ST-ZIP	MONTICELLO, FL 32344	
	☐ DELETE	3.1 TITLE	S/T/D	☐ Change ☒ Addition
		3.2 NAME	CATHEY, GERALD M	
		3.3 STREET ADDRESS	ROUTE 2, BOX 163, GILBERT ROAD	
		3.4 CITY-ST-ZIP	MONTICELLO, FL 32344	
	☐ DELETE	4.1 TITLE	D/T	☐ Change ☒ Addition
		4.2 NAME	DAVIS, J. LUTHER	
		4.3 STREET ADDRESS	1355 FLORIDA AVE	
		4.4 CITY-ST-ZIP	MONTICELLO, FL 32344	
	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
		5.2 NAME	DAVIS, NELL	
		5.3 STREET ADDRESS	1355 FLORIDA AVE	
		5.4 CITY-ST-ZIP	MONTICELLO, FL 32344	
	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
		6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gerald M. Cathey GERALD M. CATHEY 1-21-96 904-997-5611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #