

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000004557	
1. Entity Name BETHEL'S GROUP HOME, INC.	

Principal Place of Business 11230 SW 138TH TERR MIAMI, FL 33176 US	Mailing Address 11230 SW 138TH TERR MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0608303	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERNARD, ANTHONY 9032 SW 152ND STREET MIAMI, FL 33157	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

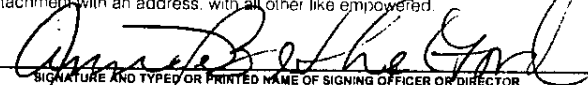
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)	U00000022555
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	02/21/08-80014-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETHEL FORD, ANNIE 11010 SW 138TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, MARY 385 SW 5TH ST FLORIDA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD THOMAS, SANDY 16613 S.W. 99TH PLACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	2/6/08	305-238-0574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #