


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004813

1. Corporation Name

BETH EL ELYON, INC.

Principal Place of Business

Mailing Address

546 SILVER COURSE LOOP
OCALA FL 34472

546 SILVER COURSE LOOP
OCALA FL 34472



2. Principal Place of Business 21 8445 SE. 14TH AVE Suite, Apt. #, etc. 22 MEDIA CENTER City & State 23 SUMMERFIELD FLORIDA Zip Country 24 34474 ? 25 COUNTY	2a. Mailing Address 26 546 SILVER COURSE LOOP Suite, Apt. #, etc. 27 City & State 28 OCALA FL Zip Country 29 34472 30 MARION	3. Date Incorporated or Qualified 08/25/1997 4. FEI Number 59-3464277 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARPENTER, JOSEPH
546 SILVER COURSE LOOP
OCALA FL 34472

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, JOSPEH	1.2 NAME	
STREET ADDRESS	546 SILVER COURSE LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAFFAN, JOYCE	2.2 NAME	
STREET ADDRESS	8798 S.E. 88TH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFT, BOB	3.2 NAME	
STREET ADDRESS	1255 HUDSON WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRANDE ISLAND FL 32735	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **1-29-98** **352-680-6889**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)