


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90128 047 \*\*\*\*70.00

<b>DOCUMENT # N97000004813</b>	
1. Entity Name <b>BETH EL ELYON, INC.</b>	

Principal Place of Business <b>32212 N. WHITNEY RD. LEESBURG FL 34788 US</b>	Mailing Address <b>546 SILVER COURSE LOOP OCALA FL 34472 US</b>
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2. Principal Place of Business <b>32215 N. WHITNEY RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>SAME AS ABOVE</b> Suite, Apt. #, etc.
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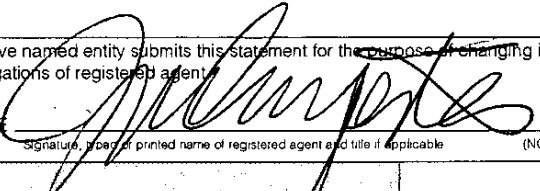
1st MOORE CR2E037 (10/04)

City & State <b>LEESBURG FL</b>	City & State <b>OCALA FL</b>
Zip <b>34788</b>	Zip <b>34472</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3464277</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

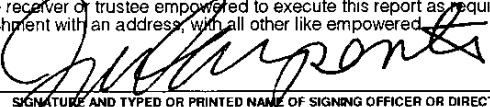
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CARPENTER, JOSEPH 546 SILVER COURSE LOOP OCALA FL 34472</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 	DATE <b>05/05/05</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARPENTER, JOSPEH 546 SILVER COURSE LOOP OCALA FL 34472</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SODE, MARGE CARTER ISLAND RD. GROVELAND FL 34736</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROZAR, JERRY 508 S DIXIE AVE FRUITLAND PARK FL 34731</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: 	DATE <b>05/05/05</b> DAYTIME PHONE # <b>352-680-6889</b>