


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90176 039 ****61.25

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|--|---|--|--|---|--|
| DOCUMENT # N97000004813 1. Entity Name BETH EL ELYON, INC. | | | |  | |
| Principal Place of Business 32215 N. WHITNEY RD. LEESBURG, FL 34788 US | | | Mailing Address 546 SILVER COURSE LOOP OCALA, FL 34472 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 11434 Carter Island Rd Suite, Apt. #, etc. | | | |
| City & State | | City & State Groveland FL | | 4. FEI Number 59-3464277 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 34736 | | Country LAKE | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CARPENTER, JOSEPH 546 SILVER COURSE LOOP OCALA, FL 34472 | | | 7. Name and Address of New Registered Agent Name SODE, Marge Street Address (P.O. Box Number is Not Acceptable) 11434 Carter Island Rd City Gr City Groveland FL Zip Code 34736 | | |
| 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 <u><i>Margie L. Sode Sec</i></u> 4/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/pio <input type="checkbox"/> Delete CARPENTER, JOSEPH 546 SILVER COURSE LOOP OCALA, FL 34472 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D/S <input type="checkbox"/> Delete SODE, MARGE CARTER ISLAND RD. GROVELAND, FL 34736 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input checked="" type="checkbox"/> Delete ROZAR, JERRY 600 S DIXIE AVE FRUITLAND PARK, FL 34731 | | 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 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: <u><i>Margie L. Sode Sec</i></u> 4/21/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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