


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90063 036 ****70.00

DOCUMENT # N97000004813 1. Entity Name BETH EL ELYON, INC.					
Principal Place of Business 32215 N. WHITNEY RD. LEESBURG, FL 34788 US			Mailing Address 11434 CARTA ISLAND RD GROVELAND, FL 34736 US		
2. Principal Place of Business - No P.O. Box # 914 LAKE ELLA ROAD		3. Mailing Address 914 LAKE ELLA ROAD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FRUITLAND PARK, FL		City & State FRUITLAND PARK, FL		4. FEI Number 59-3464277	
Zip 34731		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SODE, MARGE 11434 CARTA ISLAND RD GROVELAND, FL 34736			7. Name and Address of New Registered Agent Name JOY LA CAILLE Street Address (P.O. Box Number is Not Acceptable) 914 LAKE ELLA ROAD City FRUITLAND PARK FL Zip Code 34731		
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>Joy LaCaille</u> Director, Secretary, Treas. 04/04/2008 <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 \$70.00 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. AB		\$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	DST SODE, MARGE CARTER ISLAND RD. GROVELAND, FL 34736	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRES., SEC., TREAS. JOY LA CAILLE 914 LAKE ELLA ROAD FRUITLAND PARK, FL 34731	<input checked="" 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	ASSISTANT TREASURER REBECCA SANTORO 4317 NATIONS LANE LADY LAKE, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY MARTHA ANDERSON 1420 COUNTY DRIVE TAVARES, FL 34731	<input type="checkbox"/> Change <input checked="" 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>Joy LaCaille</u> Joy LACAILLE 04/04/2008 (352)365-9955 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					