

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90676 017 ****70.00

DOCUMENT # N97000004813

1. Entity Name

BETH EL ELYON, INC.



Principal Place of Business

**8839 CR EAST 44TH
LEESBURG FL 34788
US**

Mailing Address

**546 SILVER COURSE LOOP
OCALA FL 34472
US**

2. Principal Place of Business

**8839 CR EAST 44TH
LEESBURG FL 34788, US**

3. Mailing Address

546 SILVER COURSE LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG FL 344788

City & State

OCALA FL 34472

Zip

344788

Country

LAKE

Zip

34472

Country

MARION

4. FEI Number **59-3464277**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CARPENTER, JOSEPH**
STREET ADDRESS **546 SILVER COURSE LOOP**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **D** ☐ Delete
NAME **SODE, MARGE**
STREET ADDRESS **CARTER ISLAND RD.**
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **D** ☐ Delete
NAME **MCCLUNG, LEWIS**
STREET ADDRESS **P.O. BOX 1471**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **CARPENTER, JOSEPH**
STREET ADDRESS **546 SILVER COURSE LOOP**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Change ☐ Addition
NAME **SODE, MARGE**
STREET ADDRESS **CARTER ISLAND RD.**
CITY-ST-ZIP **GROVELAND FL 34736**

TITLE ☒ Change ☐ Addition
NAME **ROZAR, JERRY**
STREET ADDRESS **508 S. DIXIE AVE**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-03 352-680-6889

CR2E037 (10/02)