


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # N97000004857 1. Entity Name THE BETHEL FAMILY LIFE CENTER, INC.	
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Principal Place of Business 224 N. MARTIN LUTHUR KING BLVD TALLAHASSEE, FL 32301-1061	Mailing Address 224 N. MARTIN LUTHUR KING BLVD TALLAHASSEE, FL 32301-1061
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DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FLORIDA



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3479468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CUMMINGS, CAROLYN D
462 W. BREVARD ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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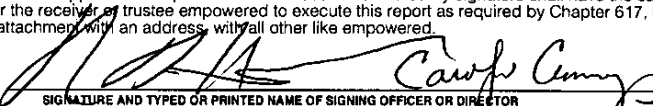
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, RALPH 10637 VALENETIINE ROAD N TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, LUCRETIA 2041 TED HINES DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, CAROLYN D 1020 E LAFAYETTE SUITE 205 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, ELANIE 2715 CHARLESTON CT TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, R B DR 2300 MONACO DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLLIVER SR, JOHN W 2122 PINK FLAMINGO LANE TALLAHASSEE, FL 32308

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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:  **Carolyn Cummings** 4/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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