

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N97000004857

1. Entity Name
THE BETHEL FAMILY LIFE CENTER, INC.



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**



05012007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3479468

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000760860
05/25/07-80032-012 61.25

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**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

Date

Daytime Phone #