

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004857

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** THE BETHEL FAMILY LIFE CENTER, INC.

**Current Principal Place of Business:**

224 N. MARTIN LUTHUR KING BLVD  
TALLAHASSEE, FL 323011061

**New Principal Place of Business:**

**Current Mailing Address:**

224 N. MARTIN LUTHUR KING BLVD  
TALLAHASSEE, FL 323011061

**New Mailing Address:**

**FEI Number:** 59-3479468      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BYRD, RALPH  
Address: 10637 VALENETIINE ROAD N  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D      ( ) Delete  
Name: COLLINS, LUCRETIA  
Address: 2041 TED HINES DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D      ( ) Delete  
Name: CUMMINGS, CAROLYN D  
Address: 1020 E LAFAYETTE SUITE 205  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D      ( ) Delete  
Name: BRYANT, ELANIE  
Address: 2715 CHARLESTON CT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D      ( ) Delete  
Name: HOLMES, R B DR  
Address: 2300 MONACO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D      ( ) Delete  
Name: TOLLIVER SR, JOHN W  
Address: 2122 PINK FLAMINGO LANE  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN CUMMINGS

PRES

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date