

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90195 040 ****61.25

DOCUMENT # N98000001815

1. Entity Name

BETHEL A.L. BROWN DEVELOPMENT & EDUCATIONAL, INC.



Principal Place of Business

**1000 THOMAS AVE
LEESBURG FL 34748**

Mailing Address

**P.O. BOX 493211
LEESBURG FL 34749**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, JAMES T
1000 THOMAS AVE
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name **Hawkins, William Jr.**

Street Address (P.O. Box Number is Not Acceptable)
1000 Thomas Ave

City **Leesburg**

FL

Zip Code
34748

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

William Hawkins Jr.

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

(NOTE: Registered Agent signature required when reinstating)

4-26-06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **PD** ☒ Delete
NAME **ALLEN, JAMES T**
STREET ADDRESS **1000 THOMAS AVE**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **SD** ☐ Delete
NAME **BROWN, JANA M**
STREET ADDRESS **2131 WOODLAND BLVD**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **TD** ☐ Delete
NAME **HAUGABROOK, JAMES**
STREET ADDRESS **2124 PRUITT STREET**
CITY-ST-ZIP **LEESBURG FL 34748**

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 **PD** ☐ Change ☒ Addition
NAME **Hawkins, William Jr.**
STREET ADDRESS **1000 Thomas Ave**
CITY-ST-ZIP **Leesburg FL 34748**

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William Hawkins Jr.

4-26-06

352 455-2302