

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90237 039 ****70.00

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| DOCUMENT # N98000005288 1. Entity Name BESS DEVELOPMENT CORPORATION OF SOUTH FLORIDA, INC. | | | | | |
| Principal Place of Business 2275 WEST 5TH WAY HIALEAH, FL 33010 | | | Mailing Address 2275 WEST 5TH WAY HIALEAH, FL 33010 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04112005 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 65-0107450 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HYMES, MELVIN E 5341 45 ST. WEST PALM BEACH, FL 33407 | | | 7. Name and Address of New Registered Agent Name Rev. Theodore Barnett Street Address (P.O. Box Number is Not Acceptable) 6420 S.W. 62nd Ct. City So. Miami FL Zip Code 33143 | | |
| 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 <u>Theodore Barnett</u> Theodore Barnett 4/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HYMES, MELVIN E 5341 45 ST. WEST PALM BEACH, FL 33407 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Theodore Barnett 6420 S.W. 62nd Ct. So. Miami, FL 33143 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITE, SAMUEL 18810 NW 48TH CT MIAMI, FL 33055 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bobby Haster 7935 Alhambra Blvd. Miramar, FL 33023 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, ANNIE R 2240 W LASHAE (6TH) CT HIALEAH, FL 33010 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Wilhelmina Johnson 17321 N.W. 53 Pl Carol City, FL 33055 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOWENS, JAMES 17940 NW 52ND AVE MIAMI, FL 33055 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sharon Bess 6732 N.W. 193rd Ln. Hialeah, FL 33015 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURDGESS, SHIRLEY 565 WEST 24TH ST HIALEAH, FL 33010 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, HELEN 170 ALBATROSS ST MIAMI SPRINGS, FL 33166 | <input type="checkbox"/> Delete |
| 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: <u>Annie R. Johnson</u> Annie R. Johnson 4/17/05 305-887-2370 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |