

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005288

FILED
Apr 30, 2009
Secretary of State

Entity Name: BESS DEVELOPMENT CORPORATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2275 WEST 5TH WAY
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

2275 WEST 5TH WAY
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 65-0107450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARNETT, THEODORE REV
6420 SW 62ND CT
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

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: HODGE, CLAYTON LEON
Address: 7802 FOUNDERS CIRCLES
City-St-Zip: NAPLES, FL 34104 US

Title: D () Delete
Name: LASTER, BOBBY
Address: 7935 ALHAMBRA BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: JOHNSON, ANNIE R
Address: 2240 W LASHAE (6TH) CT
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: JOHNSON, WILLHELMENIA
Address: 17321 N W 53 PI
City-St-Zip: CAROL CITY, FL 33055

Title: D () Delete
Name: BESS, SHALON
Address: 6732 NW 193RD LN
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: BROWN, HELEN
Address: 170 ALBATROSS ST
City-St-Zip: MIAMI SPRINGS, FL 33166

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: CLAYTON HODGE

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date