

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001578

FILED
Mar 27, 2008
Secretary of State

Entity Name: BETHEL COMMUNITY DEVELOPMENT SERVICES, INC.

Current Principal Place of Business:

3323 NW 193 STREET
CAROL CITY, FL 33056

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 278126
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-0903655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYRA, BETHEL
3323 NW 193 STREET
CAROL CITY, FL 33056 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: PD () Delete
Name: BEHTEL, MYRA
Address: 3323 NW 193 STREET
City-St-Zip: CAROL CITY, FL 33056

Title: SD () Delete
Name: MOORE, RICTIVIA
Address: 3323 NW 193 STREET
City-St-Zip: CAROL CITY, FL 33056

Title: TD () Delete
Name: CRAWFORD, ALBERTA
Address: 3323 NW 193 STREET
City-St-Zip: CAROL CITY, FL 33056

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:

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: MYRA BETHEL

PD

03/27/2008

Electronic Signature of Signing Officer or Director

Date