

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003951

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC6926269758**

**Entity Name:** BETHEL OUTREACH, INC.

**Current Principal Place of Business:**

110 N. ARMENIA AVE., SUITE A  
TAMPA, FL 33609

**Current Mailing Address:**

110 N. ARMENIA AVE., SUITE A  
TAMPA, FL 33609

**FEI Number:** 80-0190279

**Certificate of Status Desired:** Yes

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

WRIGHT-DOUGLAS, KAYDELL  
110 N. ARMENIA AVE., SUITE A  
TAMPA, FL 33609 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

**Officer/Director Detail :**

Title D  
Name MICKENS, DWAYNE A  
Address 6401 AMBASSADOR DR.  
City-State-Zip: TAMPA FL 33615

Title T  
Name HOUCK, TIMOTHY JR  
Address 9733 CYPRESS HARBOR DR.  
City-State-Zip: GIBSONTON FL 33534

Title S  
Name CHERRY, SERENA A  
Address 13727 GENTLE WOODS AVE  
City-State-Zip: RIVERVIEW FL 33569

Title V  
Name BRADFORD, ANITA  
Address 540 ROYAL RIDGE STREET  
City-State-Zip: VALRICO FL 33594

Title AS  
Name MOSES, SHARON  
Address 4204 N. MARGUERITE ST  
City-State-Zip: TAMPA FL 33603

Title C  
Name MICKENS, SONYA  
Address 6401 AMBASSADOR DR  
City-State-Zip: TAMPA FL 33615

*I hereby 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 all other like empowered.*

**SIGNATURE: DWAYNE A MICKENS**

**DIRECTOR**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date