2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005648

Entity Name: BETHLEHEM ASSOCIATION OF OCALA FLORIDA INC.

FILED Aug 30, 2016 Secretary of State CC3791566030

Current Principal Place of Business:

2418 SE 15TH STREET OCALA, FL 34471

Current Mailing Address:

2418 SE 15TH STREET OCALA. FL 34471

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, ABRAHAM SR. 2418 SE 15TH STREET OCALA, FL 34471 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 CEO Title F

NameMEAWEATHERS, FRED SR.NameROBINSON, ABRAHAM SR.Address2001 SW 82 CTAddress2418 SE 15TH STREET

City-State-Zip: OCALA FL 34481 City-State-Zip: OCALA FL 34471

Title VP Title D

NameMAEWEATHERS, MICHEALNameWITHERSPOON, EMANUELAddress10395 SW 49THAddress4393 SW RICHARCHSON AVE

City-State-Zip: OCALA FL 34476 City-State-Zip: CITRUS FL 34431

Title D Title DIRECTOR

NameBOONE, HERMAN JNameCOTTON, MELVIN DR.Address2001 SW 82ND CTAddress10545 SE 58TH AVENUECity-State-Zip:OCALA FL 34481City-State-Zip:BELLEVIEW FL 34420

Title PASTOR

Name LECORN, BW DR.

Address 9663 SE 36TH AVE

City-State-Zip: BELLEVIEW FL 34420

above, or on an attachment with all other like empowered.

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

SIGNATURE: ABRAHAM ROBINSON PRESIDENT 08/30/2016

Electronic Signature of Signing Officer/Director Detail

Date