SIGNATURE	: MICHAEL L. MAEWEATHERS			11/13/2017
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CEO	Title	D, DIRECTOR	
Name	MEAWEATHERS, FRED SR.	Name	ROBINSON, ABRAHAM SR.	
Address	2001 SW 82 CT	Address	2418 SE 15TH STREET	
City-State-Zip:	OCALA FL 34481	City-State-Zip:	OCALA FL 34471	
Title	P, PRESIDENT	Title	D	
Name	MAEWEATHERS, MICHAEL L	Name	WITHERSPOON, EMANUEL	
Address	2001 SW 82ND CT	Address	9298 N. MITCHELLE DR.	
City-State-Zip:	OCALA FL 34481	City-State-Zip:	CITRUS SPRINGS FL 34434	
Title	D			
Name	BOONE, HERMAN J SR.			
Address	2346 SW 3RD STREET			
City-State-Zip:	OCALA FL 34471			

MAEWEATHERS, MICHAEL LANESS 2418 SE 15TH STREET

## 2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

DOCUMENT# N13000005648

Entity Name: BETHLEHEM ASSOCIATION OF OCALA FLORIDA INC.

**Current Principal Place of Business:** 

2001 SW 82ND CT OCALA, FL 34481

## **Current Mailing Address:**

PO BOX 867 OCALA, FL 34478 US

## **FEI Number: APPLIED FOR**

# Name and Address of Current Registered Agent:

OCALA, FL 34471 US

## 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: MICHAEL L. MAEWEATHERS

PRESIDENT

### 11/13/2017

Electronic Signature of Signing Officer/Director Detail

FILED Nov 13, 2017 Secretary of State CC7238728035

Certificate of Status Desired: Yes

Date