

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005648

**FILED**  
**Aug 24, 2015**  
**Secretary of State**  
**CC6648011377**

**Entity Name:** BETHLEHEM ASSOCIATION OF OCALA FLORIDA INC.

**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  
Name MEAWEATHERS, FRED SR.  
Address 2001 SW 82 CT  
City-State-Zip: Ocala FL 34481

Title P  
Name ROBINSON, ABRAHAM SR.  
Address 2418 SE 15TH STREET  
City-State-Zip: Ocala FL 34471

Title VP  
Name MAEWEATHERS, MICHEAL  
Address 10395 SW 49TH  
City-State-Zip: Ocala FL 34476

Title D  
Name WITHERSPOON, EMANUEL  
Address 4393 SW RICHARCHSON AVE  
City-State-Zip: CITRUS FL 34431

Title D  
Name BOONE, HERMAN J  
Address 2001 SW 82ND CT  
City-State-Zip: Ocala FL 34481

*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:** DR. ABRAHAM ROBINSON SR.

**PRESIDENT**

**08/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date