

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000875

Entity Name: BETH-EL CHRISTIAN CENTER OF CLAIR MEL, INC.**Current Principal Place of Business:**6602 CAUSEWAY BOULEVARD
TAMPA, FL 33619**Current Mailing Address:**6602 CAUSEWAY BOULEVARD
TAMPA, FL 33619 US**FEI Number:** 59-3172724**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRUSS, SHELLIE
7313 OBRIEN STREET
TAMPA, FL 33616 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	PD
Name	TRUSS, SHELLIE
Address	7313 OBRIEN STREET
City-State-Zip:	TAMPA FL 33616

Title	TD
Name	JONES, CECIL
Address	535 BETH ANN ST
City-State-Zip:	VALRICO FL 33574

Title	DIRECTOR
Name	KING, JANET
Address	8203 ALLAMANDA AVE.
City-State-Zip:	TAMPA FL 33619

Title	SD
Name	WALKER, VERNELL
Address	5803 LANGSTON CT.
City-State-Zip:	TAMPA FL 33619

Title	DIRECTOR
Name	JACKSON, MARTHA
Address	7411 WISHING WELL CT.
City-State-Zip:	TAMPA FL 33619

Title	DIRECTOR
Name	LOMAX, PATRICIA
Address	7406 SHERREN DR.
City-State-Zip:	TAMPA FL 33619

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: SHELLIE TRUSS**PRESIDENT****02/12/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date