

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000899

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC9406075186**

**Entity Name:** THE BETHEL COMMUNITY DEVELOPMENT CORPORATION OF TALLAHASSEE, FLORIDA, INC.

**Current Principal Place of Business:**

501 W. ORANGE AVE  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

P.O. BOX 5881  
TALLAHASSEE, FL 32313 US

**FEI Number: 59-3301835**

**Certificate of Status Desired: No**

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

JONES, DARRYL  
501 WEST ORANGE AVENUE  
TALLAHASSEE, FL 32310 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 CHAIRMAN  
Name MCALLISTER, JULIUS H DR.  
Address 501 WEST ORANGE AVENUE  
City-State-Zip: TALLAHASSEE FL 32310

Title SECRETARY  
Name NEWBY, SABRITA  
Address 501 W. ORANGE AVE  
City-State-Zip: TALLAHASSEE FL 32310

Title EXECUTIVE DIRECTOR  
Name JONES, DARRYL  
Address 501 WEST ORANGE AVENUE  
City-State-Zip: TALLAHASSEE FL 32310

Title DIRECTOR  
Name BOBO, ROSEZETTA  
Address 501 W. ORANGE AVE  
City-State-Zip: TALLAHASSEE FL 32310

Title DIRECTOR  
Name PARKS, DARYL ESQ.  
Address 501 W. ORANGE AVE  
City-State-Zip: TALLAHASSEE FL 32310

Title DIRECTOR  
Name JENKINS, DANA  
Address 501 W. ORANGE AVE  
City-State-Zip: TALLAHASSEE FL 32310

Title DIRECTOR  
Name PEACOCK, ASHLEY  
Address 501 W. ORANGE AVE  
City-State-Zip: TALLAHASSEE FL 32310

Title DIRECTOR  
Name JACKSON, ERIN  
Address 501 W. ORANGE AVE  
City-State-Zip: TALLAHASSEE FL 32310

**Continues on page 2**

*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: JULIUS H. MCALLISTER**

**PASTOR**

**01/21/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WRIGHT, BARBARA  
Address        501 W. ORANGE AVE  
City-State-Zip: TALLAHASSEE FL 32310