

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000899

FILED
May 01, 2014
Secretary of State
CC9020399309

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: DR. JULIUS H. MCALLISTER, JR.

CHAIRMAN

05/01/2014

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