

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712337** (5)

1. Corporation Name

BETHEL AFRICAN METHODIST EPISCOPAL CHURCH OF DEERFIELD BEACH, FLORIDA, INCORPORATED

Principal Place of Business

**370 N. DEERFIELD AVE
DEERFIELD BEACH FL 33441
US**

Mailing Address

**P.O. BOX 976
DEERFIELD BEACH FL 33443-0976**



3. Date Incorporated or Qualified
03/02/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
05-0005906

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BARNETT, THEODORE A.
371 N. DEERFIELD AVE.
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

J. A. Barnett **T.A. Barnett, President Director**

4-29-96

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BARNETT, THEODORE A.**
STREET ADDRESS **371 N. DEERFIELD AVE.**
CITY - ST - ZIP **DEERFIELD BEACH FL**

TITLE **SD** ☐ DELETE
NAME **REID, DOROTHY A.**
STREET ADDRESS **165 S.E. 3RD AVE.**
CITY - ST - ZIP **DEERFIELD BEACH FL**

TITLE **TD** ☐ DELETE
NAME **BURNS, P.H.**
STREET ADDRESS **212 S.W. 4TH STREET**
CITY - ST - ZIP **DEERFIELD BEACH FL**

TITLE **V** ☐ DELETE
NAME **SCOTT, EUGENE**
STREET ADDRESS **1035 NW 11TH CT**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy A. Reid* **DOROTHY A. Reid, Sec. Dir** **4/29/96** **305 427-5183**

Date

Daytime Phone #

CR2E037 (12/95)