## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#713243** 

Sep 03, 2008 Secretary of State

Entity Name: BETHEL AFRICAN METHODIST EPISCOPAL CHURCH OF POMPANO BEACH, FLORIDA, **INCORPORATED Current Principal Place of Business: New Principal Place of Business:** 405 NW 3RD AVENUE POMPANO BEACH, FL 33060 US **Current Mailing Address: New Mailing Address:** P.O. BOX 2151 POMPANO BEACH, FL 33061 FEI Number: 59-2211765 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCRAY, JOHNNY L JR 400 E ATLANTIC BLVD POMPANO BEACH, FL 33060 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition FRACNSICO, T. R REV Name: Name: 301 NW 19TH STREET Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: MITCHELL, RONALD SR. Name: Address: 424 NW 19TH ST Address: POMPANO BCH, FL 33060 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SWORN, SAMUEL Name: Name: 1508 N.W. 3RD.WAY Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GILLIS, KATHRYN Name: Address: 220 NW 15TH PLACE Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: () Delete Title: () Change () Addition ALBERT, HELEN Name: Name: 3451 N.W. 5TH PLACE Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition COOPER, CHERIAN Name: Name: Address: 222 N.W. 10TH AVE. Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

Ρ SIGNATURE: REV. T. R. FRANCISCO, SR. 09/03/2008

POMPANO BEACH, FL 33060

City-St-Zip: