

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 # **744459** (9)

1. Corporation Name
BETHEL A.M.E. CHURCH OF NAPLES, INC.



Principal Place of Business: **6471 GOLDEN GATE PKWY NAPLES FL 33999 US**
Mailing Address: **P.O. BOX 8442 NAPLES FL 33941-8442**

3. Date Incorporated or Qualified: **10/04/1978**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-1893662**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**ROSE, JANE A ESO
4601 LOMBARDY LANE
NAPLES FL 33962**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HODGE, CLAYTON L. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	602 S. 5TH STREET	1.2 NAME	
STREET ADDRESS	IMMOKALLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TRD CAMBRIDGE, ALMA L. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6475 GOLDEN GATE PKWY.	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TRD BLACKMON, CUTE L. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>Deceased</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6623 YARBERRY LANE	3.2 NAME	
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TRD BLACKMON, JOHN V. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6623 YARBERRY LANE	4.2 NAME	
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TRD SIMMONS, VERA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	450 HUNTINGTON DRIVE	5.2 NAME	
STREET ADDRESS	NAPLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TRD <i>MELANIE Weatherspoon</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<i>1714 52ND TERR. S.W.</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>NAPLES FL 33999</i>
CITY-ST-ZIP		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: *Alma L. Cambridge* **Alma L. Cambridge** *4/18/96* **(441) 262-0585**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)