

FILE NOW: FILING FEE IS \$61.25

FILED  
May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744459 (9)**

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



Principal Place of Business <b>6471 GOLDEN GATE PKWY NAPLES FL 33990 US</b>	Mailing Address <b>P.O. BOX 8442 NAPLES FL 34101-8442</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified <b>10/04/1978</b>	3a. Date of Last Report <b>04/25/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1893662</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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  
**Jeremiah Primus, Principal**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Immokalee High School  
701 Immokalee Drive**

83

84 City  
**IMMOKALEE**

85 Zip Code  
**FL 34142**

11. Pursuant to the provisions of Sections 617.04(2) 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 617.0506, Florida Statutes.

SIGNATURE Jeremiah Primus *Jeremiah Primus* **4/23/97**

Signature, typed or printed name of registered agent and file if applicable. (NOT required Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HODGE, CLAYTON L.	
STREET ADDRESS	602 S. 5TH STREET	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	CAMBRIDGE, ALMA L.	
STREET ADDRESS	6475 GOLDEN GATE PKWY.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	BLACKMON, JOHN V.	
STREET ADDRESS	6623 YARBERRY LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	SIMMONS, VERA	
STREET ADDRESS	450 HUNTINGTON DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	WESTERSPOON, MELANIE	
STREET ADDRESS	1714 52ND TERR SW	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>IMMOKALEE, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>WEATHERSPOON</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* **April 22, 1997**

CR2E037 (9/96)