

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 6471 GOLDEN GATE PKWY NAPLES FL 33909 US	Mailing Address P.O. BOX 8442 NAPLES FL 33941-8442
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3. Date Incorporated or Qualified
10/04/1978

4. FEI Number
59-1893662

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**PRIMUS, JEREMIAH P
 IMMOKALEE HIGH SCHOOL
 701 IMMOKALEE DRIVE
 IMMOKALEE FL 34142**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input 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	WEATHERSPOON, 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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, 1998 (941) 262-0585

CR2E037 (10/97)