

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90031 025 \*\*\*\*70.00

**DOCUMENT # 744459**

1. Entity Name

**BETHEL A.M.E. CHURCH OF NAPLES, INC.**

Principal Place of Business

Mailing Address

6471 GOLDEN GATE PKWY  
 NAPLES FL 33999  
 US

P.O. BOX 8442  
 NAPLES FL 34101-8442

**80023776**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1893662**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alma L. Cambridge  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

(941) 262-0585

Date

Daytime Phone #