

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90146 019 ****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 34105
US** **P.O. BOX 8442
NAPLES FL 34101**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1893662 Not Applicable

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

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
**PRIMUS, JEREMIAH P
3296 POTOMAC COURT
NAPLES FL 34120**

7. Name and Address of New Registered Agent
Name: **ROZALYNDE P. PURYEAR**
Street Address (P.O. Box Number is Not Acceptable): **106 TUSCANA CT. #703**
City: **NAPLES** FL Zip Code: **34119**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rozalynde P. Puryear* **ROZALYNDE PURYEAR** **3-26-2006**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HODGE, CLAYTON L.	
STREET ADDRESS	602 S. 5TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	CAMBRIDGE, ALMA L.	
STREET ADDRESS	6475 GOLDEN GATE PKWY.	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	BLACKMON, JOHN V.	
STREET ADDRESS	6623 YARBERRY LANE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	SIMMONS, VERA	
STREET ADDRESS	450 HUNTINGTON DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	WEATHERSPOON, MELANIE	
STREET ADDRESS	1714 52ND TERR SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clayton L. Hodge* **03-27-06**