

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 744459
1. Entity Name
BETHEL A.M.E. CHURCH OF NAPLES, INC.



Principal Place of Business Mailing Address
6471 GOLDEN GATE PKWY **P.O. BOX 8442**
NAPLES, FL 34105 US **NAPLES, FL 34101**

DO NOT WRITE IN THIS SPACE



03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1893662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PURYEAR, ROZALYNE P
106 TUSCANA CT
#703
NAPLES, FL 34119

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

Filing Fee is \$61.25
Due by May 1, 2007

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

U00000634524
04/17/07 00023 009 70.00

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Jennifer Williams* *04-02-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #