


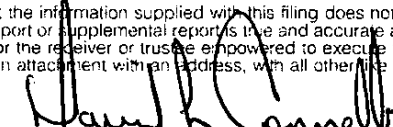
# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90016 004 \*\*\*\*61.25

<b>DOCUMENT # 764005</b> 1. Entity Name <b>BETHEL AFRICAN METHODIST EPISCOPAL CHURCH OF ST. PETERSBURG, FLORIDA, INC.</b>					
Principal Place of Business <b>F ST. PETERSBURG, FLORIDA, INC. 912 THIRD AVE. N. ST. PETERSBURG FL 33705-8714</b>			Mailing Address <b>F ST. PETERSBURG, FLORIDA, INC. 912 THIRD AVE. N. ST. PETERSBURG FL 33705-8714</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>59-1574005</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DESUE, THOMAS 101 EAST UNION STREET SUITE 301 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>		
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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDCX</b> <input checked="" type="checkbox"/> Delete <b>KBEK XOMIX X</b> <b>87451X32ND STX</b> <b>TAMPA FL 33619</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rev. David L. Connelly</b> <b>2108 Woodland Blvd</b> <b>Leesburg, FL 34748</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>PERSHA, JOSEPHINE</b> <b>2419 26TH STREET S.</b> <b>ST. PETERSBURG FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <input type="checkbox"/> Delete <b>BANKS, GEORGE E.</b> <b>5203 CENTRAL AVE</b> <b>ST PETERSBURG FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <input type="checkbox"/> Delete <b>HEMINGWAY, SAMUEL JR</b> <b>6403 SOUTHERN COMFORT BLVD</b> <b>TAMPA FL 33684</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 reports 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:**  **David L. Connelly 4/15/08 (727) 822-2089**