

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 764018

1. Entity Name

**GREATER BETHEL AFRICAN METHODIST EPISCOPAL
CHURCH, PANAMA CITY, FLORIDA, INC.**



Principal Place of Business

**829 HAMILTON AVE.
PANAMA CITY, FL 32401**

Mailing Address

**PO BOX 35176
PANAMA CITY, FL 32412**



04132006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2065810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLOY, CHARLES
706 HAMILTON AVE.
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: CLOY, CHARLES
STREET ADDRESS: 706 HAMILTON AVE.
CITY-ST-ZIP: PANAMA CITY FL., FL 32404

TITLE: V
NAME: FORD, WALTER
STREET ADDRESS: 1611 E 9TH STREET
CITY-ST-ZIP: PANAMA CITY FL., FL 32401

TITLE: V
NAME: BOWERS, MARIAN
STREET ADDRESS: 1313 CALDWELL STREET
CITY-ST-ZIP: PANAMA CITY FL., FL 32401

TITLE: T
NAME: BEAVER, JOHN
STREET ADDRESS: 1704 LOUISIANA ST
CITY-ST-ZIP: PANAMA CITY, FL 32401

TITLE: S
NAME: PATE, BARBARA
STREET ADDRESS: 706 CACTUS AVE
CITY-ST-ZIP: PANAMA CITY, FL 32401

TITLE: V
NAME: GREEN, ANN
STREET ADDRESS: 1609 INDIANA NE
CITY-ST-ZIP: LYNN HAVEN, FL 32444

U00000532978
05/06/06-80108-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Charles Cloy **Charles Cloy** 4/14/06 (850) 872-0024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #