

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764018

FILED
Apr 18, 2009
Secretary of State

Entity Name: GREATER BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, PANAMA CITY, FLORIDA, INC.

Current Principal Place of Business:

829 HAMILTON AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

PO BOX 36084
PANAMA CITY, FL 32412

New Mailing Address:

FEI Number: 59-2065810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANTT, LAWRENCE E
706 HAMILTON AVENUE
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GANTT, LAWRENCE E
Address: 706 HAMILTON AVENUE
City-St-Zip: PANAMA CITY, FL 32404

Title: V () Delete
Name: PINKNEY, JESSE
Address: 1007 HAMILTON AVE
City-St-Zip: PANAMA CITY FL., FL 32401

Title: T () Delete
Name: BEAVER, JOHN
Address: 1704 LOUISIANA ST
City-St-Zip: PANAMA CITY, FL 32401

Title: S () Delete
Name: PATE, BARBARA
Address: 706 CACTUS AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA PATE

S

04/18/2009

Electronic Signature of Signing Officer or Director

Date