


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

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90241 046 ****61.25

DOCUMENT # 767473 1. Entity Name BETHEL AFRICAN METHODIST EPISCOPAL CHURCH OF PENSACOLA, FLORIDA, INC.	
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Principal Place of Business 511 WOODLAND DRIVE PENSACOLA, FL 32503	Mailing Address 511 WOODLAND DRIVE PENSACOLA, FL 32503
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DO NOT WRITE IN THIS SPACE



05032006 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**WILLIAMS, GRADY
6180 RINGGOLD CIRCLE
PENSACOLA, FL 32505**

Grady Williams

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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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CRUTCHER, MARK E 521 WOODLAND DRIVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLINHEAD, JUDITH E 5860 SOMERSET DRIVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, ROBBIE T SR. 612 LINDEN RD. PENSACOLA, FL 325032114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, TYRONE 5616 PONTE VERDE RD. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *M.E. Crutcher* **May 3, 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #