

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 30 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767473

1. Entity Name
BETHEL AFRICAN METHODIST EPISCOPAL CHURCH OF
PENSACOLA, FLORIDA, INC.



Principal Place of Business
511 WOODLAND DRIVE
PENSACOLA, FL 32503

Mailing Address
511 WOODLAND DRIVE
PENSACOLA, FL 32503

2. Principal Place of Business - No P.O. Box #

511 Woodland Drive

Suite, Apt. #, etc.

3. Mailing Address

511 Woodland Drive

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32503

Country

Escambia

Zip

FL

Country

Escambia

10282008 REIN-NP

CR2E099 (1/07)

REINSTATEMENT

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GRADY
6180 RINGGOLD CIRCLE
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

ME Guletski

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

(NOTE: Registered Agent signature required when reinstating)

10/28/08

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	CRUTCHER, MARK E	
STREET ADDRESS	521 WOODLAND DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLLINHEAD, JUDITH E	
STREET ADDRESS	5860 SOMERSET DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITE, ROBBIE T SR.	
STREET ADDRESS	612 LINDEN RD.	
CITY-ST-ZIP	PENSACOLA, FL 325032114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, TYRONE	
STREET ADDRESS	5616 PONTE VERDE RD.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME	Kyser Roland	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kyser, Roland	
STREET ADDRESS	5600 Hill Top Ave	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

ME Guletski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/08

Date

Daytime Phone #