2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#767473

Oct 07, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

511 WOODLAND DRIVE PENSACOLA, FL 32503

Current Mailing Address: New Mailing Address:

511 WOODLAND DRIVE PENSACOLA, FL 32503

FEI Number: 59-3701209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, GRADY 6180 RINGGOLD CIRCLE PENSACOLA, FL 32505 US

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: GRADY WILLIAMS

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: CD () Delete Title: CD (X) Change () Addition

 Name:
 CRUTCHER, MARK E
 Name:
 MORRIS, CHARLES A

 Address:
 521 WOODLAND DRIVE
 Address:
 521 WOODLAND DRIVE

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:
 PENSACOLA, FL 32503

Title: VD () Delete Title: () Change () Addition

 Name:
 HOLLINHEAD, JUDITH E
 Name:

 Address:
 5860 SOMERSET DRIVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 WHITE, ROBBIE T SR.
 Name:
 BROWN, RONALD E

 Address:
 612 LINDEN RD.
 Address:
 4500 FRANCISCO ROAD

 City-St-Zip:
 PENSACOLA, FL 325032114
 City-St-Zip:
 PENSACOLA, FL 32504

Title: D () Delete Title: () Change () Addition

 Name:
 KYSER, ROLAND
 Name:

 Address:
 5600 HILL TOP AVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32504
 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: JUDITH E. HOLLINHEAD VD 10/07/2009