

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 768028

1. Entity Name
GREATER BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, INC.



Principal Place of Business
603 N.W. 7TH AVENUE
GAINESVILLE, FL 32601

Mailing Address
603 N.W. 7TH AVENUE
GAINESVILLE, FL 32601

2. Principal Place of Business
701 S.E. 43RD ST.

3. Mailing Address
701 S.E. 43RD ST.

Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32641

Country
U.S.

Zip
32641

Country
U.S.

6. Name and Address of Current Registered Agent

GREEN, DAVID W REV.
603 N.W. 7TH AVE
GAINESVILLE, FL 32601



REINSTATEMENT

4. FEI Number
59-2342883

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Rev. Dr. George L. Champion**

Street Address (P.O. Box Number is Not Acceptable)
701 S.E. 43RD STREET

City **Gainesville, FL** Zip Code **32641 (us)**

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 **Rev. Dr. George L. Champion**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.199(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to: **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, DAVID W REV. 2505 NW 93RD STREET GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rev. Dr. George L. Champion 701 S.E. 43RD STREET M 98 Gainesville, FL 32604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GEORGE, EDDIE 309 N.W. 4TH STREET GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, ANDREW W 5224 NW 18TH ST. GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800050751738 04/14/05--01018--001 **131.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINCADE, TORREY 4013 SW 27TH STREET APT D121 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, RANDOLPH PO BOX 167 6121 NW 218 AVE LACROSSE, FL 32658 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. W. H. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Rev. Dr. George L. Champion** **March 29 376-8846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 APR -1 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA