2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 09, 2006 8:00 am Secretary of State **DOCUMENT # 768028** 1. Entity Name 05-09-2006 90073 029 ****61.25 GREATER BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, INC. Principal Place of Business Mailing Address 701 S E 43RD ST GAINESVILLE FL 32641 701 S E 43RD ST GAINESVILLE FL 32641 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2342883 Not Applicable Country Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ber. Dr. G. L. Champion, St. GREEN, DAVID W REV. Street Address (P.O. Box Number is Not Acceptable) 701 S É 43RD ST GAINESVILLE FL 32641 City Gai Nes 1; 11e Zip Code **ろるは**り 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. 4196106 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Buoistailed Agent signature required when reinsigning) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THE FIFLE Delete Change Addition GREEN, DAVID W REV. Ber. DR. G.L. Champion ST 4229 N. U. 43 25 Street NAME NAME STREET ADDRESS 4229 NW 43RD STREET M98 STREET ADDRESS Gainesville, FL . 32666 GAINESVILLE FL 32606 CITY-ST-ZIP VC Delete TITLE ☐ Change ☐ Addition GEORGE, EDDIE NAME 309 N.W. 4TH STREET STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32601 CITY-ST-ZIP CITY-S1-ZIP VD ☐ Delete ☐ Change TITLE TITLE ☐ Addition MAME BROWN, ANDREW W NAME STREET ADDRESS 5224 NW 18TH ST. STREET ADDRESS CITY-ST-7IP GAINESVILLE FL 32605 CITY-ST-ZIP SCIRCTARY Delcte ☐ Change ☐ Addition Staffen Smith NAME KINCADE, TORREY 205 5 W. 7525 SHAPT. 12C 4013 SW 27TH STREET APT D121 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** GOLNESVIIR, FL. 32607 TREISING_ Change ☐ Delete TITLE ☐ Addition ELVIN T. 73:00 Bottom 2701 5 W. 13+15+ # K-15 JONES, RANDOLPH NAME NAME PO BOX 167 6121 NW 218 AVE STREET ADDRESS STREET ADDRESS LACROSSE FL 32658 CITY-ST-ZIP Gainesville, TL 32608 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I turther 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

FILED

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