

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # C95000000002 (7)

1. Corporation Name
BETHEL A.M.E.CHURCH INC.



Principal Place of Business
245 NW 8 STREET MIAMI FL 33136

Mailing Address
245 NW 8 STREET MIAMI FL 33136

3. Date Incorporated or Qualified **10/09/1940** 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0061376	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WHITE, JOHN F
 245 NW 8 STREET
 MIAMI FL 33136**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WHITE, JOHN F	1.2 NAME	
STREET ADDRESS	245 NW 8 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VP
NAME	TRAPP, C M	2.2 NAME	Koonce, George
STREET ADDRESS	245 NW 8 STREET	2.3 STREET ADDRESS	14651 S. W. 94th Ave.
CITY-ST-ZIP	MIAMI FL 33136	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	STD	3.1 TITLE	TD
NAME	FRAZIER, A L	3.2 NAME	Hargrove, Willie J.
STREET ADDRESS	245 NW 8 STREET	3.3 STREET ADDRESS	1052 N.W. 77th St.
CITY-ST-ZIP	MIAMI FL 33136	3.4 CITY-ST-ZIP	Miami, FL 33150
TITLE		4.1 TITLE	SD
NAME		4.2 NAME	Shorter-Braynon, Pamela
STREET ADDRESS		4.3 STREET ADDRESS	2530 N.W. 152nd Terr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33054
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	100001870721
STREET ADDRESS		6.3 STREET ADDRESS	-06/21/96--01023--023
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10, 1996 (305) 371-9102
 Date Daytime Phone

CR2E037 (3/96)