


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 OCT 15 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C95000000002					
1. Entity Name BETHEL A.M.E.CHURCH INC.					
Principal Place of Business 245 NW 8TH STREET MIAMI, FL 33136			Mailing Address 245 NW 8TH STREET MIAMI, FL 33136		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0061376	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GADDIS, DWAYNE K 245 NW 8TH STREET MIAMI, FL 33136			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOONCE, GEORGE		NAME	William Mauzy	
STREET ADDRESS	14651 S.W. 94TH AVE		STREET ADDRESS	6930 NW 186 St #117A	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGROVE, WILLIE J		NAME		
STREET ADDRESS	1052 N.W. 77TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33150		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADDIS, DWAYNE K		NAME		
STREET ADDRESS	245 NW 8TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33136		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIXON, YOLANDA		NAME		
STREET ADDRESS	8597 NW 25 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Willie J. Hargrove</i>			(Willie Hargrove) 10/13/2004 (305) 4096440		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



10122004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0061376

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete

NAME **KOONCE, GEORGE**

STREET ADDRESS **14651 S.W. 94TH AVE**

CITY-ST-ZIP **MIAMI, FL 33176**

TITLE TD ☐ Delete

NAME **HARGROVE, WILLIE J**

STREET ADDRESS **1052 N.W. 77TH ST**

CITY-ST-ZIP **MIAMI, FL 33150**

TITLE PD ☐ Delete

NAME **GADDIS, DWAYNE K**

STREET ADDRESS **245 NW 8TH ST.**

CITY-ST-ZIP **MIAMI, FL 33136**

TITLE SD ☐ Delete

NAME **NIXON, YOLANDA**

STREET ADDRESS **8597 NW 25 AVE.**

CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE: *Willie J. Hargrove* (Willie Hargrove) 10/13/2004 (305) 4096440

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