2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# C95000000002

RI FILED Apr 13, 2005 Secretary of State

Entity Name: BETHEL A.M.E.CHURCH INC. **Current Principal Place of Business: New Principal Place of Business:** 245 NW 8TH STREET MIAMI, FL 33136 **Current Mailing Address: New Mailing Address:** 245 NW 8TH STREET MIAMI, FL 33136 FEI Number: 65-0061376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROOMFIELD, MILTON PD 245 NW 8TH STREET MIAMI, FL 33136 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KOONCE, GEORGE Name: Name: 14651 S.W. 94TH AVE Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: Title: () Delete () Change () Addition HARGROVE, WILLIE J Name: Name: Address: 1052 N.W. 77TH ST Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: (X) Delete Title: () Change () Addition GADDIS, DWAYNE K Name: Name: Address: 245 NW 8TH ST. Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: Title: SD () Delete Title: () Change () Addition NIXON, YOLANDA Name: Name: 8597 NW 25 AVE. Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: () Delete Title: Title: MD () Change () Addition MAUZY, WILLIAM Name: Name: 6930 NW 186 ST #117A Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MILTON BROOMFIELD PD 04/13/2005