


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 27, 2007 08:00 AM
Secretary of State**

DOCUMENT # N00000006170 1. Entity Name BETHEL AME CHURCH OF KEY WEST INC.	
---------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 223 TRUMAN AVE KEY WEST, FL 33040	Mailing Address 223 TRUMAN AVE KEY WEST, FL 33040
---------------------------------------------------------------------	---------------------------------------------------------

DO NOT WRITE IN THIS SPACE



07162007 No Chg-NP CR2E037 (4/06)

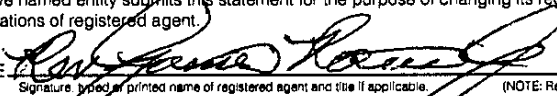
4. FEI Number 65-0851720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSIER, JAMES JR, REV
907 THOMAS STREET
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: July 22, 2007

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

**Filing Fee is \$61.25
Due by September 14, 2007**

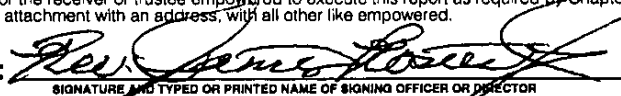
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ROSIER, JAMES JR 907 THOMAS ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC THOMAS, NAOMI Y 713 CHAPMAN LANE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTHMUND, RAYMOND A 115 TRUMAN AVE APT A KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS WINTERS, MATILDA 301 WHITE ST APT 16 F KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000770681
07/27/07-80002-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 7/22/07

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