2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006170

FILED Nov 16, 2008 Secretary of State

Entity Name: BETHEL AME CHURCH OF KEY WEST INC.

Current Principal Place of Business: New Principal Place of Business:

223 TRUMAN AVE KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

223 TRUMAN AVE KEY WEST, FL 33040

FEI Number: 65-0851720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSIER, JAMES JR, REV.
907 THOMAS STREET
KEY WEST, FL 33040 US
FORBES, SINCLAIR REV.
907 THOMAS STREET
KEY WEST, FL 33040 US

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: REV. D. SINCLAIR FORBES 11/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC () Delete Title: CH (X) Change () Addition Name: ROSIER, JAMES JR Name: FORBES, SINCLAIR REV.

 Address:
 907 THOMAS ST
 Address:
 907 THOMAS ST

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: VC () Delete Title: () Change () Addition

 Name:
 THOMAS, NAOMI Y
 Name:

 Address:
 713 CHAPMAN LANE
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

 Title:
 S () Delete
 Title:
 S (X) Change () Addition

 Name:
 ROTHMUND, RAYMOND A
 Name:
 JOHNSON, VOREESE MRS.

 Address:
 115 TRUMAN AVE APT A
 Address:
 712 CHAPMAN LANE

Address: 115 TRUMAN AVE APT A Address: 712 CHAPMAN LANE
City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: TRS () Delete Title: TRS (X) Change () Addition

 Name:
 WINTERS, MATILDA
 Name:
 SUAREZ, ALICIA MS.

 Address:
 301 WHITE ST APT 16 F
 Address:
 5429 ROBYN LANE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REV. D. SINCLAIR FORBES CH 11/16/2008