

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 08, 2008
Secretary of State**

DOCUMENT# N00000006170

Entity Name: BETHEL AME CHURCH OF KEY WEST INC.

Current Principal Place of Business:223 TRUMAN AVE
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**223 TRUMAN AVE
KEY WEST, FL 33040**New Mailing Address:**

FEI Number: 65-0851720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:FORBES, SINCLAIR REV.
907 THOMAS STREET
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**

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:Title: CH () Delete
Name: FORBES, SINCLAIR REV.
Address: 907 THOMAS ST
City-St-Zip: KEY WEST, FL 33040Title: VC () Delete
Name: THOMAS, NAOMI Y
Address: 713 CHAPMAN LANE
City-St-Zip: KEY WEST, FL 33040Title: S () Delete
Name: JOHNSON, VOREESE MRS.
Address: 712 CHAPMAN LANE
City-St-Zip: KEY WEST, FL 33040Title: TRS () Delete
Name: SUAREZ, ALICIA MS.
Address: 5429 ROBYN LANE
City-St-Zip: KEY WEST, FL 33040**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VC (X) Change () Addition
Name: THOMAS, NAOMI Y MRS.
Address: 713 CHAPMAN LANE
City-St-Zip: KEY WEST, FL 33040Title: S (X) Change () Addition
Name: WILLIAMS, VOREECE MRS.
Address: 712 CHAPMAN LANE
City-St-Zip: KEY WEST, FL 33040Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SINCLAIR FORBES

CH

12/08/2008

Electronic Signature of Signing Officer or Director

Date