2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2009
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 ( )**
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:

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 33040

Title: VC ( ) Delete
Name: THOMAS, NAOMI Y MRS.
Address: 713 CHAPMAN LANE
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete
Name: WILLIAMS, VOREECE MRS.
Address: 712 CHAPMAN LANE
City-St-Zip: KEY WEST, FL 33040

Title: 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) 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: RAYSHON LYONS MRS. 08/13/2009

Electronic Signature of Signing Officer or Director — Date