2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005985

FILED Nov 10, 2004 Secretary of State

Entity Name: BETHEL A.M.E. HUMAN SERVICES AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 912 THIRD AVE NORTH ST PETERSBURG, FL 33705 **Current Mailing Address: New Mailing Address:** 912 THIRD AVE NORTH ST PETERSBURG, FL 33705 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, RICARDO A 912 THIRD AVE NORTH ST PETERSBURG, FL 33705 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARDY, ROOSEVELT Name: Name: 2415 E 21ST AVE Address: Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NELSON, ARCHIE Name: Address: 2035 25TH STREET SOUTH Address: City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip: Title: () Delete Title: () Change () Addition BAKER, LINNELL Name: Name: 5710 6TH AVE NORTH #311 Address: Address: City-St-Zip: ST PETERSBURG, FL 33705 City-St-Zip: Title: () Delete Title: () Change () Addition Name: OSBURNE, ALVA Name: 2199 ANASTASIA WAY SOUTH Address: Address: City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip: Title: () Delete Title: () Change () Addition FELTONE, WILLIE B JR Name: Name: 6732 18TH STREET SOUTH Address: Address: City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip: Title: () Delete Title: () Change () Addition BANKS, GEORGE E Name: Name: Address: 4097 40TH STREET SOUTH Address: ST PETERSBURG, FL 33711 City-St-Zip: 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: ROOSEVELT HARDY D 11/10/2004