


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000005985 1. Entity Name BETHEL A.M.E. HUMAN SERVICES AND EDUCATION FOUNDATION, INC.					
Principal Place of Business 912 THIRD AVE NORTH ST PETERSBURG FL 33705		Mailing Address 912 THIRD AVE NORTH ST PETERSBURG FL 33705			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 20-0088615 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, RICARDO A 912 THIRD AVE NORTH ST PETERSBURG FL 33705			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEEL, JIMMIE B	NAME	U00000561841 05/19/06-80030-007 61.25		
STREET ADDRESS	6705 NORTH 32ND STREET	STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL 33610	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NELSON, ARCHIE	NAME			
STREET ADDRESS	2035 25TH STREET SOUTH	STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG FL 33712	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAKER, LINNELL	NAME			
STREET ADDRESS	5710 6TH AVE NORTH #311	STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG FL 33705	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, PATRICIA	NAME			
STREET ADDRESS	4360 20TH AVENUE NORTH	STREET ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG FL 33713	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FELTONE, WILLIE B JR	NAME			
STREET ADDRESS	6732 18TH STREET SOUTH	STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG FL 33712	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BANKS, GEORGE E	NAME			
STREET ADDRESS	4097 40TH STREET SOUTH	STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG FL 33711	CITY - ST - ZIP			



1st MOORE CR2E037 (10/05)
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 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

**Make Check Payable to
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CITY - ST - ZIP	ST PETERSBURG FL 33711	CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Rev. Jimmie B. Keel

SIGNATURE: *Rev. Jimmie B. Keel* 4/26/06 (727) 822-2089