


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 20-0088615				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, RICARDO A 912 THIRD AVE NORTH ST PETERSBURG FL 33705			7. Name and Address of New Registered Agent 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, 2007	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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KEEL, JIMMIE B	NAME	
STREET ADDRESS	6705 NORTH 32ND STREET	STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33610	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BANKS, GEORGE E	NAME	
STREET ADDRESS	4097 40TH STREET SOUTH	STREET ADDRESS	
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.

SIGNATURE: Jimmie B. Keel **Jimmie B. Keel** 4/18/07 (727) 822-2089