


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90113 009 \*\*\*\*61.25

<b>DOCUMENT # N03000005985</b>			
1. Entity Name <b>BETHEL A.M.E. HUMAN SERVICES AND EDUCATION FOUNDATION, INC.</b>			
Principal Place of Business <b>912 THIRD AVE NORTH          ST PETERSBURG FL 33705</b>		Mailing Address <b>912 THIRD AVE NORTH          ST PETERSBURG FL 33705</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DAVIS, RICARDO A          912 THIRD AVE NORTH          ST PETERSBURG FL 33705</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			



1st MOORE CR2E037 (10/07)

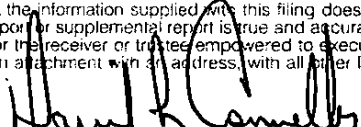
4. FEI Number <b>20-0088615</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rev. David L. Connelly</b> <b>2108 Woodland Blvd</b> <b>Leesburg, FL 34748</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NELSON, ARCHIE</b> <b>2035 25TH STREET SOUTH</b> <b>ST PETERSBURG FL 33712</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKER, LINNELL</b> <b>5710 6TH AVE NORTH #311</b> <b>ST PETERSBURG FL 33705</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, PATRICIA</b> <b>4360 20TH AVENUE NORTH</b> <b>ST. PETERSBURG FL 33713</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FELTONE, WILLIE B JR</b> <b>6732 18TH STREET SOUTH</b> <b>ST PETERSBURG FL 33712</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BANKS, GEORGE E</b> <b>4097 40TH STREET SOUTH</b> <b>ST PETERSBURG FL 33711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **David L. Connelly** **4/14/08** **(727) 822-2089**