

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N16241**

1. Entity Name  
**BETHEL AFRICAN METHODIST EPISCOPAL CHURCH OF  
PALATKA, INC.**



Principal Place of Business  
**719 REID STREET  
PALATKA, FL 32177**

Mailing Address  
**P. O. BOX 1026  
PALATKA, FL 32178-1026**

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**



07112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3594402**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**EVINS, WILBERT J. SR.  
4523 HUDSON ST  
OFF HIGHWAY 17 NORTH  
PALATKA, FL 32177**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000769412  
07/18/07-80005-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVINS, WILLARD, JR. FERN STREET SAN MATEO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANKS, MARJORIE 1400 OCEAN ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC GRIFF, JAMES H REV 116 E PALMETTA ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINSON, LILLIAN 905 N 20TH ST PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLITE, QUEEN ESTER 208 PALMETTO, ST, RT 6 BOX 24 PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Queen Ester Polite S Queen Ester Polite 07/15/07 386-325-0086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #