

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16241

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

719 REID STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1026
PALATKA, FL 321781026

New Mailing Address:

FEI Number: 59-3594402 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: EVINS, WILLARD, JR.
Address: FERN STREET
City-St-Zip: SAN MATEO, FL

Title: D () Delete
Name: SHANKS, MARJORIE
Address: 1400 OCEAN ST
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MC GRIFF, JAMES H REV
Address: 116 E PALMETTA ST
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: BRINSON, LILLIAN
Address: 905 N 20TH ST
City-St-Zip: PALATKA, FL

Title: S () Delete
Name: POLITE, QUEEN ESTER
Address: 208 PALMETTO, ST, RT 6 BOX 24
City-St-Zip: PALATKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EVINS, WILLARD, JR.
Address: FERN STREET
City-St-Zip: SAN MATEO, FL 32187

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRINSON, LILLIAN
Address: 905 N 20TH ST
City-St-Zip: PALATKA, FL 32177

Title: S (X) Change () Addition
Name: POLITE, QUEEN ESTER
Address: 208 PALMETTO, ST, RT 6 BOX 24
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES H. MCGRUFF

Electronic Signature of Signing Officer or Director

REV.

05/01/2009

_____ Date