

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25203** (3)

1. Corporation Name

**BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, DUNEDIN, FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

**1134 NORTH DOUGLAS AVENUE  
DUNEDIN FL 34698**

**1134 NORTH DOUGLAS AVENUE  
DUNEDIN FL 34698-4948**



3. Date Incorporated or Qualified <b>03/04/1988</b>	3a. Date of Last Report <b>06/13/1996</b>
4. FEI Number <b>59-2955523</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUMMINGS, FRANK C BISHOP  
112 W. ADAMS ST. STE. #1814  
JACKSONVILLE FL 32202**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	REV <input checked="" type="checkbox"/> DELETE
NAME	<b>EDWARD SLADE</b>
STREET ADDRESS	<b>1134 N. DOUGLAS AVE.</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>MURRAY, MARLENE</b>
STREET ADDRESS	<b>806 N. JEFFERSON AVE.</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>MURRAY, BEATRICE</b>
STREET ADDRESS	<b>604 HART STREET</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>WALKER, LAVORA H.</b>
STREET ADDRESS	<b>1136 N. DOUGLAS AVENUE</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>BURROWES, CHARLES</b>
STREET ADDRESS	<b>711 DISSTON AVENUE SO.</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>MCCLOUD, TADALA</b>
STREET ADDRESS	<b>2058 ALPINE ROAD</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	REV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EDWARD GREEN</b>
1.3 STREET ADDRESS	<b>1134 DOUGLAS AVE</b>
1.4 CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DELORIS HINSON</b>
3.3 STREET ADDRESS	<b>2004 MADEIRA AVE</b>
3.4 CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>EARL HINSON, JR.</b>
4.3 STREET ADDRESS	<b>2004 MADEIRA AVENUE</b>
4.4 CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev Edward Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # **0069364**

CR2E037 (9/96)