

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/8/2005-90070-030-\$61.25-\$61.25

DOCUMENT # N25203 1. Entity Name BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, DUNEDIN, FLORIDA, INCORPORATED				 FILED 05 NOV -2 PM 12:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA 50065621	
Principal Place of Business 1134 NORTH DOUGLAS AVENUE DUNEDIN, FL 34698		Mailing Address 1134 NORTH DOUGLAS AVENUE DUNEDIN, FL 34698			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		09022005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2955523	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JOHN H. 112 W. ADAMS ST. STE. #1814 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name PT. REV. - MCKINLEY YOUNG Street Address (P.O. Box Number is Not Acceptable) 101 E. Union, Suite 301 City Jacksonville FL Zip Code 32202	
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 re-registering)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	REV TAYLOR, CASABELL 1443 OVERLEA ST CLEARWATER, FL 33755 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, MARLENE 806 N. JEFFERSON AVE. CLEARWATER, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, KILWA 907 CARLTON STREET CLEARWATER, FL 33755 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLE, SHARON 1571 AMBERLEA DR. N. DUNEDIN, FL 34698 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, HUBERT 907 CARLTON STREET CLEARWATER, FL 33755 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I 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 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:		Rev. Casabell Taylor		9/4/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	