


FILED
May 03, 2007 8:00 am
Secretary of State

04-18-2007 90153 026 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

66012900

DOCUMENT # N25203			
1. Entity Name BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, DUNEDIN, FLORIDA, INCORPORATED			
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 - No P.O. Box # 1134 North Douglas Ave Suite, Apt. #, etc.		3. Mailing Address 1134 North Douglas Ave Suite, Apt. #, etc.	
City & State Dunedin Florida		City & State Dunedin Florida	
Zip 34698	Country USA	Zip 34698	Country USA
4. FEI Number 59-2955523		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, MCKINLEY RT. REV 101 E. UNION, STE. 301 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV Mohead, Bessie Leonard 2939 Desoto Way South St. Petersburg, FL 33712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, MARLENE 806 N. JEFFERSON AVE. CLEARWATER, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steward Carolyn Monroe 1500 Bonair St Clearwater FL 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, KILIVIA 907 CARLTON STREET CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steward Marion Long PO Box 6935 Clearwater FL 33758 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLE, SHARON 1571 AMBERLEA DR. N. DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Arthur Mohead 2939 Desoto Way South St. Petersburg FL 33712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, HUBERT 907 CARLTON STREET CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Kilivia Davis 907 Carlton St Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u>Kilivia Davis</u>		Date: <u>April 16, 2007</u> 727-734-4472	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT
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DOCUMENT # N25203 1. Entity Name BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, DUNEDIN, FLORIDA, INCORPORATED					
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2955523	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, MCKINLEY RT. REV 101 E. UNION, STE. 301 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <i>Reassigned</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev Mohead, Bessie Leonard 2939 Desoto Way S. St. Petersburg, FL 33712 <i>Change</i> <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, MARLENE 806 N. JEFFERSON AVE. CLEARWATER, FL <i>deceased</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Carolyn Monroe 1500 Bonair St. Clearwater FL 33755 <i>Change</i> <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, KILIVIA 907 CARLTON STREET CLEARWATER, FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D Davis, Kilivia 907 Carlton St Clearwater, FL 33755 <i>Change</i> <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTLE, SHARON 1571 AMBERLEA DR. N. DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr Battle, Sharon 1571 Amberlea Dr. N. Dunedin, FL 34698 <i>Change</i> <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, HUBERT 907 CARLTON STREET CLEARWATER, FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr Davis, Hubert 907 Carlton St Clearwater, FL 33755 <i>Change</i> <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D Arthur Mohead 2939 Desoto Way St. Petersburg, FL 33712 <i>Change</i> <input checked="" type="checkbox"/> Addition		
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: <u>Kilivia Davis</u> <i>Kilivia Davis, Treasurer</i> 4/30/07 727-734-4472 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <u>4/30/07</u> <small>Daytime Phone #</small> <u>727-467-0415</u>					

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[REDACTED]

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