

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25203

FILED
Mar 08, 2009
Secretary of State

Entity Name: BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, DUNEDIN, FLORIDA, INCORPORATED

Current Principal Place of Business:

1134 NORTH DOUGLAS AVENUE
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1134 NORTH DOUGLAS AVENUE
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-2955523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNG, MCKINLEY RT. REV
101 E. UNION, STE. 301
JACKSONVILLE, FL 32202 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: REV () Delete
Name: WILLIAMS, GWENDOLYN
Address: 871 22ND AVE S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: S () Delete
Name: BATTLE, SHARON
Address: 1571 AMBERLEA DR N
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: DAVIS, KILIVIA
Address: 907 CARLTON STREET
City-St-Zip: CLEARWATER, FL 33755

Title: T () Delete
Name: BATTLE-GREAVES, CHARLENE
Address: 1120 PALM BLUFF ST
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: DAVIS, HUBERT
Address: 907 CARLTON STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: WILLIAMS, NATHANIEL
Address: 871 22ND AVE S
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: KILIVIA DAVIS

D

03/08/2009

Electronic Signature of Signing Officer or Director

Date