

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744459

**Entity Name:** BETHEL A.M.E. CHURCH OF NAPLES, INC.

**Current Principal Place of Business:**

2935 64TH STREET SOUTHWEST  
NAPLES, FL 34105-7315

**Current Mailing Address:**

P.O. BOX 11975  
NAPLES, FL 34101-2975

**FEI Number:** 59-1893662

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HARPER, JOAN  
7776 TARA CT..  
NAPLES, FL 34104 US

*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

**Officer/Director Detail :**

Title PD  
Name JONES, ALFRED D PD.  
Address 18520 NW 23RD AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056-3225

Title STW  
Name WILLIAMS, JENNIFER STW  
Address 1732 49TH STREET SW  
City-State-Zip: NAPLES FL 34116-5759

Title TPT  
Name WEATHERSPOON, MELANIE  
Address 1712 52ND TERRACE SW  
City-State-Zip: NAPLES FL 34116

Title STW  
Name WRIGHT, ROZALYNE P STW  
Address 8359 LAUREL LAKES BLVD.  
City-State-Zip: NAPLES FL 34119

Title TRU  
Name HARPER, JOAN E STW  
Address 7776 TARA CT  
City-State-Zip: NAPLES FL 34104

Title STW  
Name WEATHERSPOON, MICHAEL  
Address 1712 52ND TERRACE SW  
City-State-Zip: NAPLES FL 34116

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOAN HARPER

**OFFICE CLERK**

**02/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date