

**2020 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:**

JOHNSONHUBBARD, DEBRA  
2335 18TH AVE NE  
NAPLES, FL 34120 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:** DEBRA JOHNSONHUBBARD

04/22/2020

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

Title STW  
Name HODGE, SHIRLEY STW  
Address 7802 FOUNDERS CIRCLE  
City-State-Zip: NAPLES FL 34104

Title STEWARD  
Name MILLER, ELLA JEAN  
Address 5301 19TH AVE SW  
City-State-Zip: NAPLES FL 34116

Title PRO TEM STEWARD  
Name JOHNSONHUBBARD, DEBRA  
Address NAPLES,FL 34120  
2335 18TH AVE NE  
City-State-Zip: NAPLES FL 34120-3516

Title PRO-TEM TRUSTEE  
Name HODGE, CLAYTON REV  
Address 7802 FOUNDERS CIRCLE  
City-State-Zip: NAPLES FL 34104

*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:** DEBRA JOHNSONHUBBARD

PRO-TEM STEWARD

04/22/2020

Electronic Signature of Signing Officer/Director Detail

Date