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

I

Electronic Signature of Signing Officer/Director Detail

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

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	E DEBRA JOHNSONHUBBARD			01/14/2021
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PASTOR	Title	STEWARD	
Name	HODGE, CLAYTON PD.	Name	WILLIAMS, JENNIFER	
Address	7802 FOUNDERS CIRCLE	Address	1732 49TH STREET SW	
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34116-5759	
Title	TRUSTEE	Title	PRO TEM TRUSTEE	
Name	HODGE, SHIRLEY STW	Name	JOHNSONHUBBARD, DEBRA	
Address	7802 FOUNDERS CIRCLE	Address	NAPLES,FL 34120 2335 18TH AVE NE	
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34120-3516	
Title	PRO-TEM STEWARD			
Name	GAVIN, REGINA			
Address	5250 HUNTER BLVD			
City-State-Zip:	NAPLES FL 34116			

Certificate of Status Desired: Yes

FILED Jan 14, 2021 **Secretary of State** 6445686144CC

01/14/2021

PROTEM TRUSTEE