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: ALANA THURSTON

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

MAGWOOD, ANTONIO REV. 907 THOMAS STREET KEY WEST, FL 33040 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	: ANTONIO MAGWOOD			03/28/2016	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	СН	Title	S		
Name	THURSTON, ALANA MS	Name	WALLACE, MELISSA MS		
Address	307 CATHERINE STREET	Address	709 WHITMARSH LN		
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040		
<b>T</b>	TD0	Title			
Title	TRS	The	VC		
Name	SUAREZ, ALICIA MS.	Name	LYONS, RAYSHON		
Address	5429 ROBYN LANE	Address	223 TRUMAN AVENUE		
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040		

#### Certificate of Status Desired: No

#### FILED Mar 28, 2016 Secretary of State CC6461700304

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0000006170

Entity Name: BETHEL AME CHURCH OF KEY WEST INC.

### **Current Principal Place of Business:**

223 TRUMAN AVE KEY WEST, FL 33040

# **Current Mailing Address:**

223 TRUMAN AVE KEY WEST. FL 33040

## FEI Number: 65-0851720

**CHAIRMAN** 

03/28/2016

Date