

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005985

**Entity Name:** BETHEL A.M.E. HUMAN SERVICES AND EDUCATION FOUNDATION, INC.

**FILED**  
**Mar 06, 2024**  
**Secretary of State**  
**3509242838CC**

**Current Principal Place of Business:**

912 THIRD AVE NORTH  
ST PETERSBURG, FL 33705

**Current Mailing Address:**

912 THIRD AVE NORTH  
ST PETERSBURG, FL 33705

**FEI Number: 20-0088615**

**Certificate of Status Desired: Yes**

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

DAVIS, RICARDO A  
5830 28TH STREET SO.  
ST PETERSBURG, FL 33712 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 D  
Name DAVIS, RICARDO A  
Address 5830 28TH STREET SO.  
City-State-Zip: ST. PETERSBURG FL 33712

Title D  
Name BAKER, LINNELL  
Address 5700 6TH AVENUE NORTH #203  
City-State-Zip: ST PETERSBURG FL 33710

Title D  
Name FELTON, WILLIE BJR  
Address 6732 18TH STREET SOUTH  
City-State-Zip: ST PETERSBURG FL 33712

Title DIRECTOR  
Name SWAIN, CRAIG  
Address 5326 13TH AVENUE SOUTH  
City-State-Zip: GULFPORT FL 33707

Title ELDER  
Name IRBY, KENNETH FITZGERALD  
Address 6149 27TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

*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: WILLIE B. FELTON JR

DIRECTOR

03/06/2024

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

\_\_\_\_\_  
Date