2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710136



FILED
Apr 28, 2003 8:00 am § Secretary of State
04-28-2003 90185 013 ****61.25

BETHEL RENEWAL CHURCH, INC.					-28-2003 90183 01	3 01	.23
Principal Place of Business 711 ST. JOHNS BLUFF RD. JACKSONVILLE FL 32225 Mailing Address 711 ST. JOHNS BLUFF RD. JACKSONVILLE FL 32225 JACKSONVILLE FL 32225				1 140/14 10001 31041		ı 21211 GIĞIL BIĞ	lin Black (60 1
2. Principal Place of Business 3. 1		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FE! Number 59	0950077		oplied For ot Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	Name	- 7Name and Addre	ss of New Registered A	gent. 🦡	
WOODAI	rd, david						
7780 ALLSPICE CIRCLE EAST			Street Address	s (P.O. Box Number is No	i Acceptable)		
JACKSO	NVILLE FL 32244					_	
			City		FL	Zip Cod	1
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regist	tered agent, or both, in the	e State of Florida. I am fa	ımiliar with,	and accept
	() ()	11/02/	M		2/2/	1.3	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating)	DATE	05	
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197	FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con						- 1
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10.	OFFICERS AND DIR	Trust Fund Co	ntribution.	Added to Fees	Florida Depart	ment of S	State
10.	OFFICERS AND DIR	Trust Fund Co	11.	Added to Fees	Florida Depart	ment of S	State
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD LYON, RICHARD 8469 SPICEWOOD DRIVE	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Depart	ment of S	State
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indicated on this report or supplied with this niling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

964)641.9011