

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90070 034 \*\*\*\*61.25

**DOCUMENT # 730938**

1. Entity Name  
**BETHLEHEM PRESBYTERIAN CHURCH, INC.**

Principal Place of Business Mailing Address  
**411 CHURCH ST. P.O. BOX 399**  
**ARCHER FL 32618 ARCHER FL 32618**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-6559325** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MORRIS, SALLY W</b> <b>5429 SW 91ST TERR</b> <b>GAINESVILLE FL 32608</b>		Name <b>DR. E.L. HUNT</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2721 SW 4th Pl.</b>	
		City <b>Gainesville</b>	FL

8. 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 DATE **2/18/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MORRIS, SALLY W</b> <b>5429 SW 91ST TERR</b> <b>GAINESVILLE FL 32608</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Cyanna Williams</b> <b>12916 SW 143rd St.</b> <b>Archer, FL 32618</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>HUNT, E L DR</b> <b>2721 SW 4TH PL</b> <b>GAINESVILLE FL 32607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>THOMAS WILLIAMS</b> <b>13806 SW 143rd St.</b> <b>Archer, FL 32618</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, VIRGINIA</b> <b>14416 SW COUNTY RD 324</b> <b>ARCHER FL 32618</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WILLIAM E MORRIS</b> <b>5429 SW 91st Terr</b> <b>Gainesville, FL 32608</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOPE, FLETCHER</b> <b>100 S. MAGNOLIA</b> <b>ARCHER FL 32618</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMILEY, RICHARD</b> <b>17810 SW 127TH AVE</b> <b>ARCHER FL 32618</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, JAMES</b> <b>7431 NW 115TH ST</b> <b>CHIEFLAND FL 32626</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: DATE **2/18/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)