

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90725 004 ****61.25

DOCUMENT # 730938

1. Entity Name

BETHLEHEM PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

411 CHURCH ST.
 ARCHER FL 32618

P.O. BOX 399
 ARCHER FL 32618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

DR. E. L. HUNT
2721 SW 4TH PL.
GAINESVILLE FL 32607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, CYANNE	
STREET ADDRESS	12916 SW 143RD ST.	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HUNT, E L DR	
STREET ADDRESS	2721 SW 4TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, VIRGINIA	
STREET ADDRESS	14416 SW COUNTY RD 324	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPE, FLETCHER	
STREET ADDRESS	100 S. MAGNOLIA	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMILEY, RICHARD	
STREET ADDRESS	17810 SW 127TH AVE	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, THOMAS	
STREET ADDRESS	13801 SW 143RD ST.	
CITY-ST-ZIP	ARCHER FL 32618	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

5/14/02