

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 10, 2000 8:00 am
Secretary of State

05-24-2000 90047 019 ****61.25

DOCUMENT # 732237

1. Entity Name

BETHEL BAPTIST CHURCH & MINISTRIES, INC.

R

Principal Place of Business

Mailing Address

ROUTE 4, BOX 900
HAVANA FL 32333

ROUTE 4, BOX 900
HAVANA FL 32333-9904

2. Principal Place of Business

14 Sierra Rd

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

14 Sierra Road

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2935075

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, SEXTON
RT 4 BOX 155
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name

William E Ammons

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

97 Kings Rd

City

Havana

FL

Zip Code

32333

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

William E Ammons

William E Ammons

4/30/2000

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	PD	☒ Delete
NAME	HALL, B. SEXTON	
STREET ADDRESS	RT 4 BOX 155	
CITY-ST-ZIP	HAVANA FL	
TITLE	VD	☐ Delete
NAME	BARRINEAU, ELVIS	
STREET ADDRESS	RT 4 BOX 870	
CITY-ST-ZIP	HAVANA FL	
TITLE	VD	☐ Delete
NAME	AMMONS, WILLIAM	
STREET ADDRESS	RT 4 BOX 421 97 Kings Rd	
CITY-ST-ZIP	HAVANA FL	
TITLE	PD	☐ Delete
NAME	Hardbarger, Chad	
STREET ADDRESS	162 Lanthan Lane	
CITY-ST-ZIP	HAVANA FL	
TITLE	T	☐ Delete
NAME	Jim Gibbs	
STREET ADDRESS	1036 Tallavana Dr	
CITY-ST-ZIP	Havana FL 32333	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

William E Ammons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000

Date

850 562-5011

Daytime Phone #

CR2E037 (9/99)