

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90024 006 ****61.25

DOCUMENT # 738847

1. Entity Name

BETHANY FELLOWSHIP OF SUWANEE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 255
 SUWANEE FL 32692

P.O. BOX 255
 SUWANEE FL 32692-0255

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, ART
S.R. 349 SOUTH
OLD TOWN FL 32680

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STD
SHARP, PAUL
310 LIVELY LANE
LAKELAND FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
MYERS, GLORIA
ST. ROAD 26
TRENTON FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
BAUKNIGHT, WARD
CR 349 SOUTH
OLD TOWN FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

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Change Addition

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 STREET ADDRESS
 CITY-ST-ZIP

Change 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: ART ANDERSON **ART ANDERSON** 3/17/00 542 7021
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)