

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90003 045 ****61.25

0008473

DOCUMENT # N35266.

1. Entity Name

BETHEL MINISTRIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 150
 DAYTONA BEACH FL 32115-0150

P.O. BOX 150
 DAYTONA BEACH FL 32115-0150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2982506

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DITTMAN, LINDA K.
73 WOODVIEW DRIVE
PORT ORANGE FL 32114

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

Linda K. Dittman

2/9/01

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	JEYSEELAN, HEMA	
STREET ADDRESS	31 OAKMONT CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	DITTMAN, LINDA K.	
STREET ADDRESS	73 WOODVIEW DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEYSEELAN, JOHN A.	
STREET ADDRESS	31 OAKMONT CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, JOE	
STREET ADDRESS	9 CYPRESS VIEW TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, II, R.C.	
STREET ADDRESS	3000 N. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, R. C III	
STREET ADDRESS	901 SOUTH ATLANTIC AVENUE, #106	
CITY-ST-ZIP	ORMOND BEACH FL	

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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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:

Linda K. Dittman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/9/01 904/258-1222

CR2E037 (10/00)