


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90082 020 \*\*\*\*61.25

**DOCUMENT # N35266**

1. Entity Name  
**BETHEL MINISTRIES, INC.**




Principal Place of Business  
**P.O. BOX 150  
DAYTONA BEACH FL 32115-0150**

Mailing Address  
**P.O. BOX 150  
DAYTONA BEACH FL 32115-0150**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2982506**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**DITTMAN, LINDA K.  
73 WOODVIEW DRIVE  
PORT ORANGE FL 32129-5227**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DITTMAN, LINDA K.</b>	
STREET ADDRESS	<b>73 WOODVIEW DRIVE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JEYSEELAN, JOHN A.</b>	
STREET ADDRESS	<b>31 OAKMONT CIRCLE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIVERA, JOE</b>	
STREET ADDRESS	<b>9 CYPRESS VIEW TRAIL</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, II, R.C.</b>	
STREET ADDRESS	<b>1716 PALMER AVE.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32787</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, R. C III</b>	
STREET ADDRESS	<b>2211 N. HALIFAX AVE.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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* **1/9/03** **386/258-1222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)