

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2000 90106 031 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N40540

1. Entity Name

EL BETHEL WORD OF TRUTH WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

2310 NORTH S STREET
 PENSACOLA FL 32505
 US

PO BOX 19113
 PENSACOLA FL 32523-9113
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3072752

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

KIDD, DANIEL J.
7890 HERRINGTON DRIVE
PENSACOLA FL 32534

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:
FEES 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	P KIDD, DANIEL J. 7890 HERRINGTON DR PENSACOLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDD, ROMONA A. 7890 HERRINGTON DR PENSACOLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32534	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, CORNELIOUS A 1241 HWATHORN DR PENSACOLA FL 32507	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1241 Hawthorn Dr	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIDD, KATHY R. 4270 BROOKSIDE DR. PENSACOLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32503	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, TIM 1548 KYLE DR PENSACOLA FL 32505	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnson, Jim	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME 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:

Kathy R. Kidd
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000 850 4385535
 Date Daytime Phone #

CR2E037 (9/99)