

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90017 038 ****70.00

DOCUMENT # 700098

1. Entity Name

BETHEL COMMUNITY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1045 16TH ST.
 SAINT PETERSBURG FL 33705

1045 16TH ST.
 SAINT PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

50-0249156

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

SYKES, MANUEL L REV.
 831 BAY VISTA BLVD. SOUTH
 ST. PETERSBURG FL 33705

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 _____ (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 **DVC** Delete
 NAME **DRAYTON, NATHANIEL H REV.**
 STREET ADDRESS **2867 62ND AVENUE SOUTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **DVC** Change Addition
 NAME **Ezekiel Sims**
 STREET ADDRESS **4336 Fairfield Avenue South**
 CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE **VD** Delete
 NAME **ARMSTRONG, FLORIS M REV.DR.**
 STREET ADDRESS **7432 SUNSHINE SKYWAY LANE SOUTH #401**
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **VSD** Change Addition
 NAME **Georgetta Wooten**
 STREET ADDRESS **2450 + Madrid Way South**
 CITY-ST-ZIP **St. Petersburg, FL 33712**

TITLE **SD** Delete
 NAME **PETERMAN, PEGGY M**
 STREET ADDRESS **1015-28TH AVE. SO.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **SD** Change Addition
 NAME **Constance Dean Hills**
 STREET ADDRESS **1419 - 37th Street South**
 CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE **D** Delete
 NAME **SUMMERS, LEONARD**
 STREET ADDRESS **1210-26TH AVENUE SO.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **HOWARD, HAROLD**
 STREET ADDRESS **2458-LYNN LAKE CIRCLE SOUTH, APT. B**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **TD** Change Addition
 NAME **James E. Myles**
 STREET ADDRESS **5651 - 5th Street South**
 CITY-ST-ZIP **St. Petersburg, FL 33705**

TITLE **CHM** Delete
 NAME **SYKES, MANUEL L REV.**
 STREET ADDRESS **831 BAY VISTA BLVD.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Day Phone # **(727) 821-7181 Ext 25**