

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90312 014 ****61.25

UBR99/4

DOCUMENT # 700098

1. Entity Name

BETHEL COMMUNITY BAPTIST CHURCH, INC.

Principal Place of Business

1045 16TH ST.
 SAINT PETERSBURG FL 33705

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

50-0249156

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

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

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.

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	DVC	<input checked="" type="checkbox"/> Delete
NAME	DRAYTON, NATHANIEL H REV.	
STREET ADDRESS	2867 62ND AVENUE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, FLORIS M REV.DR.	
STREET ADDRESS	7432 SUNSHINE SKYWAY LANE SOUTH #401	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERMAN, PEGGY M	
STREET ADDRESS	1015-28TH AVE. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMMERS, LEONARD	
STREET ADDRESS	1210-26TH AVENUE SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOWARD, HAROLD	
STREET ADDRESS	2458-LYNN LAKE CIRCLE SOUTH, APT. B	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	CHM	<input type="checkbox"/> Delete
NAME	SYKES, MANUEL L REV.	
STREET ADDRESS	831 BAY VISTA BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georgetta M. Wooten	
STREET ADDRESS	2458 Madrid Way S.	
CITY-ST-ZIP	St Petersburg, FL - 33712	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEKE SIMS	
STREET ADDRESS	P.O. Box 14118	
CITY-ST-ZIP	St. Pete, FL 33733	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Myles, Treasurer	
STREET ADDRESS	5651 5th St. So.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
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 reports 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 address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/01

727-821-7181 X21

Date

Daytime Phone #

CR2E037 (10/00)