

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703469

1. Entity Name

MOUNT BETHEL BAPTIST INSTITUTIONAL CHURCH, OF DA

Principal Place of Business

Mailing Address

700 SOUTH MARTIN L. KING JR. BLVD
DAYTONA BEACH FL 32114-5232

700 SOUTH MARTIN L. KING JR. BLVD
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1731501

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

INGRAM, CLAUDE D. REV.
1250 SUWANNEE RD
P.O. BOX 2056
DAYTONA BEACH 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
PD	INGRAM, CLAUDE D. (REV.)	1250 SUWANNEE RD	DAYTONA BEACH FL 32114	☐					☐	☐
VD	SCARLETT, DONALD	1413 SUNSET BLVD.	DAYTONA BEACH FL	☐					☐	☐
FSD	SHACK, PATRICIA A.	1625 THIRD ST.	DAYTONA BEACH, FL 00000	☐					☐	☐
RS	COURTNEY, BRENDA	1417 MOLLIE CT	DAYTONA BEACH FL	☐					☐	☐
ID	SCARLETT, MILDRED	1413 SUNSET BLVD.	DAYTONA BEACH FL	☐					☐	☐
C	STAFFORD, INEZ	1048 AUDRY DR	DAYTONA BEACH FL	☐					☐	☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

03-21-2000 90024 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR: EX17 (9/99)