

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703469

1. Entity Name

MOUNT BETHEL BAPTIST INSTITUTIONAL CHURCH, OF DAYTONA BEACH, FLORIDA, INC.

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 32114-5232

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

59-1731501

Applied For

Not Applicable

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 PD
NAME INGRAM, CLAUDE D. (REV.)
STREET ADDRESS 1250 SUWANNEE RD
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME SCARLETT, DONALD
STREET ADDRESS 1413 SUNSET BLVD.
CITY-ST-ZIP DAYTONA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE FSD
NAME SHACK, PATRICIA A.
STREET ADDRESS 1625 THIRD ST.
CITY-ST-ZIP DAYTONA BEACH, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE RS
NAME COURTNEY, BRENDA
STREET ADDRESS 1417 MOLLIE CT
CITY-ST-ZIP DAYTONA BEACH FL ☐ Delete

TITLE RS/T
NAME Courtney Brenda
STREET ADDRESS 1417 mollie CT
CITY-ST-ZIP Daytona Beach FL 32114 ☐ Change ☒ Addition

TITLE TD
NAME SCARLETT, MILDRED
STREET ADDRESS 1413 SUNSET BLVD.
CITY-ST-ZIP DAYTONA BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C
NAME STAFFORD, INEZ
STREET ADDRESS 1048 AUDRY DR
CITY-ST-ZIP DAYTONA BEACH FL ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)