

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704001

1. Entity Name

BETHEL PRESBYTERIAN CHURCH, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90041 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2905 GULF-TO-BAY BLVD.  
CLEARWATER FL 34619

2905 GULF-TO-BAY BLVD.  
CLEARWATER FL 33759  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6134520

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

MARTIN, AGNES F  
2346 DRUID RD E.  
LOT 807  
CLEARWATER FL 33764

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

*Agnes F. Martin - AGNES F. MARTIN, CDSO*

*4-17-00*

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 ☐ Delete  
NAME C  
STREET ADDRESS ALWOOD, JACKSON R  
CITY-ST-ZIP 7343 CANVASBACK DR  
NEW PORT RICHEY FL 34654

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS HERKT, FRANCES R.  
CITY-ST-ZIP 8492 DEAUVILLE NORTH  
PINELLAS PARK FL 33781

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RAY, HELEN  
CITY-ST-ZIP 2855 GULF-TO-BAY BLVD.  
CLEARWATER FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CAROTHERS, JAMES  
CITY-ST-ZIP 21 N. FREDERICKA DRIVE  
CLEARWATER FL

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

TITLE ☐ Delete  
NAME CDSO  
STREET ADDRESS MARTIN, AGNES F.  
CITY-ST-ZIP 2346 DRUID RD E LOT 807  
CLEARWATER FL 33764

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Agnes F. Martin* SIGNATURE: *AGNES F. MARTIN* *4-17-00* *727 791 0690*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)