

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708435

1. Entity Name

BETHEL ASSEMBLY OF GOD OF FORT MYERS, FLORIDA, I

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90018 035 ****61.25

Principal Place of Business 541 EVERGREEN ROAD NORTH FT. MYERS FL 33903	Mailing Address 541 EVERGREEN ROAD NORTH FT. MYERS FL 33903-2700
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0198523

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

**ROAN, EMORY
17941 RANCHO 78 DR
ALVA FL 33928**

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	S	<input type="checkbox"/> Delete
NAME	HUBBARD, IRIS F	
STREET ADDRESS	1243 WENDELL AVE	
CITY-ST-ZIP	NORTH FT MYERS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ROAN, EMORY	
STREET ADDRESS	17941 RANCHO 78 DR	
CITY-ST-ZIP	ALVA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREER, CARRIE	
STREET ADDRESS	698 MUSCOGEE DR.	
CITY-ST-ZIP	NORTH FT. MYERS FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles E. Thompson, Jr.	
STREET ADDRESS	17141 East Lake Dr.	
CITY-ST-ZIP	N. Ft. Myers, Fl. 33917	

TITLE	D	<input type="checkbox"/> Delete
NAME	HOWATINECK, HERMAN	
STREET ADDRESS	16 SERENDIPITY BLVD	
CITY-ST-ZIP	NORTH FT MYERS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	GARDNER, GERALD	
STREET ADDRESS	535 EVERGREEN RD	
CITY-ST-ZIP	N FT MYERS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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 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: *IRIS HUBBARD* **SIGNATURE REQUIRED** *Hubbard, Iris, Inc. 4-10-00 941-995-1099*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)