

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90008 001 ****61.25

DOCUMENT # 712337

1. Entity Name

BETHEL AFRICAN METHODIST EPISCOPAL CHURCH OF DEE

R

Principal Place of Business

370 N. DEERFIELD AVE
 DEERFIELD BEACH FL 33441
 US

Mailing Address

P.O. BOX 976
 DEERFIELD BEACH FL 33443-0976

B0106850



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

05-0005906

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

BARNETT, THEODORE A.
371 N. DEERFIELD AVE.
DEERFIELD BEACH FL 33441

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: *Theodore A. Barnett* Theodore A. Barnett 9/10/00
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

After September 13, 2000 min. will be \$236.25

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	Change	Addition
PD	BARNETT, THEODORE A.	371 N. DEERFIELD AVE.	DEERFIELD BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
SD	REID, DOROTHY A.	165 S.E. 3RD AVE.	DEERFIELD BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
TD	SCOTT, MARY	1035 NW 11TH CT	FT LAUDERDALE FL	<input type="checkbox"/>	<input type="checkbox"/>
V	SCOTT, EUGENE	1035 NW 11TH CT	FT LAUDERDALE FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Theodore A. Barnett* Theodore A. Barnett 9/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)