2001 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # 714413** 1. Entity Name BETHESDA BAPTIST CHURCH, INC. 01-26-2001 90034 013 ****61.25 Principal Place of Business Mailing Address 2810 FORDHAM ROAD NE 2810 FORDHAM ROAD NE PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 71-4413151 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KISH, ERNEST J 1173 SCYPHER ST NE PALM BAY FL 32905 City 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME KISH, ERNEST J NAME STREET ADDRESS 1173 SCYPHER ST NE STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME KISH, ETHEL P. - . NAME STREET ADDRESS 1173 SCYPHER ST. N.E. STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-7IP TITLE SD ☐ Delete TITLE ☐ Channe ☐ Addition NAME YANIK, JEAN NAME STREET ADDRESS 2850 KOSSUTH RD NE STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

LRN ESTATULKE SI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

changed, or on an attachment with an address, with all other like empower

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