

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90034 022 ****61.25

DOCUMENT # 716648

1. Entity Name

BETHEL BAPTIST CHURCH OF FORT PIERCE, FLORIDA, I

Principal Place of Business

Mailing Address

**2750 MCNEIL ROAD
 FT. PIERCE FL 34981
 US**

**2750 MCNEIL ROAD
 FT. PIERCE FL 34981-5317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1632516

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

**CARTER, MALCOLM E.
 2750 MCNEIL ROAD
 FT. PIERCE FL 34982**

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	<input type="checkbox"/> Delete
NAME	CARTER, MALCOLM E.	
STREET ADDRESS	2750 MCNEIL RD.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, JERRY W	
STREET ADDRESS	399 BRIDLEWOOD WAY	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYNER, GORDON	
STREET ADDRESS	261 SUNRISE DR	
CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE W.	
STREET ADDRESS	1828 COPEN HAVER RD.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRELL, RICKY	
STREET ADDRESS	3874 S.W. KOBA ST	
CITY-ST-ZIP	PORT ST. LUCIE FL	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *x*

SUNDAE REED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000 561-464-6281
 Date Daytime Phone #

CR2E037 (9/99)