

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91618 030 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 716648**

1. Entity Name

**BETHEL BAPTIST CHURCH OF FORT PIERCE, FLORIDA, I NC.**

Principal Place of Business

Mailing Address

2750 MCNEIL ROAD  
 FT. PIERCE FL 34981  
 US

2750 MCNEIL ROAD  
 FT. PIERCE FL 34981

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1632516

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Davis, Jerry W.**

Street Address (P.O. Box Number is Not Applicable) **399 Bridlewood Way**

City **Fort Pierce**

FL

Zip Code

**34945**

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

**Jerry W. Davis** Treasurer/Deacon

**4/26/2002**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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

TITLE	PD	<input checked="" 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	281 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	D	<input type="checkbox"/> Delete
NAME	Ecker, Robert	
STREET ADDRESS	2990 Dame Rd.	
CITY-ST-ZIP	Fort Pierce, FL 34981	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doyle, F. Berry	
STREET ADDRESS	1832 Sandridge Rd.	
CITY-ST-ZIP	Fl. Pierce FL. 34946	
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)(j), 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:

**SIGNATURE REQUIRED** **Jerry W. Davis** 4/26/2002 7A-464-6281

**4/26/2002**

**7A-464-6281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**Doyle F. Berry** 7/9/02

CR2E037 (9/01)