

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90324 013 ****61.25

DOCUMENT # 724774

1. Entity Name

THE BETHANY BAPTIST CHURCH INC. OF ST. AUGUSTINE

Principal Place of Business

**5465 C.R. 208
 ST AUGUSTINE FL 32092
 US**

Mailing Address

**P.O. BOX 161
 ELKTON FL 32033
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1881576

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, STEVEN D
 4011 BARBARA TERRCE
 ST AUGUSTINE FL 32086**

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 Delete
 NAME **ST GOWELL, KATHY D**
 STREET ADDRESS **P.O. BOX 5533 N/A**
 CITY-ST-ZIP **ELKTON FL 32033**

TITLE Change Addition
 NAME **st Kathy D. Gowell**
 STREET ADDRESS **10545 Carpenter Ave**
 CITY-ST-ZIP **Hastings FL 32145**

TITLE Delete
 NAME **P TAYLOR, JAMES H.**
 STREET ADDRESS **8658 HAMMOND FORRESR BVD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T MCQUAIG, MARK**
 STREET ADDRESS **5360 C R 208**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE Change Addition
 NAME **T Ronald Brown**
 STREET ADDRESS **5320 Church Road**
 CITY-ST-ZIP **St. Aug. FL 32092**

TITLE Delete
 NAME **T GOWELL, EDMAN**
 STREET ADDRESS **P.O. BOX 5533 N/A**
 CITY-ST-ZIP **ELKTON FL 32033**

TITLE Change Addition
 NAME **T Edman Gowell**
 STREET ADDRESS **10545 Carpenter Ave**
 CITY-ST-ZIP **Hastings FL 32145**

TITLE Delete
 NAME **V BROWN, RONALD**
 STREET ADDRESS **5320 CHURCH ROAD**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32092**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T ESKEW, WES**
 STREET ADDRESS **1950 SHERIDAN DR**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE Change 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: *Kathy Gowell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

(904) 824-6171-209

Date

Daytime Phone #

CP12E037 (10/00)