

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 728234**

1. Entity Name

**GREATER ISRAEL BETHEL PRIMITIVE BAPTIST CHURCH**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90009 014 \*\*\*\*70.00

Principal Place of Business

Mailing Address

160 NORTHWEST 18TH ST.  
 MIAMI FL 33136-1718

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 MIAMI FL 33136-1718

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

**59-1689749**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIVENS, ERNEST J.**  
**5617 WASHINGTON STREET**  
**SUITE 62E**  
**HOLLYWOOD FL 33023**

Name

Street Address (P.O. Box Number is Not Acceptable)

**16121 NW 17th Place**

City

**Miami**

**FL**

Zip Code

**33054**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLOYD, GREGORY L</b>	
STREET ADDRESS	<b>19700 NW 12TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WASHINGTON, KENNETH L</b>	
STREET ADDRESS	<b>16501 NW 23RD CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BURCH, BARBARA</b>	
STREET ADDRESS	<b>1824 NW 5TH PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33136</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DUHART, BARTOW JR</b>	
STREET ADDRESS	<b>9120 NW 13TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WILCOX, THELMA</b>	
STREET ADDRESS	<b>2000 NW 119TH STREET SUITE 923</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES, TIN 9</b>	
STREET ADDRESS	<b>2234 Northwest 99 Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33141</b>	

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-23-00**

Date

Daytime Phone #

CR2E037 (9/99)