

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730164

1. Entity Name

BETHANY BAPTIST CHURCH OF FORT LAUDERDALE, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90001 003 ****61.25

Principal Place of Business

Mailing Address

111 NE 56TH STREET
FORT LAUDERDALE FL 33334-1711

111 NE 56TH STREET
FORT LAUDERDALE FL 33334-1711

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

59-6569986

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

FERDINAND, JON JAY
7061 W COMMERCIAL BLVD
FT. LAUDERDALE FL 33334

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
SD	NELSON, GRACE	111 NE 56TH ST.	FT LAUDERDALE FL				
TD	JONES, JEANETTE	41 NE 48TH ST.	FT LAUDERDALE FL				
PD	NELSON, DONALD E	111 N.E. 56TH STREET	FT LAUDERDALE FL				
VD	JONES, EDWARD	41 NE 48TH ST.	FT LAUDERDALE FL				
D	VALLIER, ROBERT	6950 ROYAL PALM BLVD	MARGATE FL				
D	VALLIER, BARBARA J.	6950 ROYAL PALM BLVD	MARGATE FL				

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: *G. GRACE NELSON*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 15, 00

954-491
4496

CR2E037 (9/99)