5/

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2000 8:00 am
Secretary of State
05-24-2000 90047 019 ****61.25

DOCUMENT # 732237

1. Entity Name

BETHEL BAPTIST CHURCH & MINISTRIES, INC.

Principal Place of Business	Mailing Address
~~ROUTE 4, BOX 900~~ HAVANA FL 32333	~~ROUTE 4, BOX 900~~ HAVANA FL 32333-9804

2. Principal Place of Business	3. Mailing Address
14 Sierra Rd	14 Sierra Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2935075 ☑ 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
HALL, SEXTON RT 4 BOX 155 HAVANA FL 32333	Name: William Ammons Street Address (P.O. Box Number is Not Acceptable): 97 Kings Rd City: Havana FL Zip Code: 32333

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: William E Ammons — William E Ammons — 4/30/2000

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 ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	HALL, B. SEXTON	NAME	
STREET ADDRESS	RT 4 BOX 155	STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	CITY-ST-ZIP	
TITLE	VD T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARRINEAU, ELVIS	NAME	
STREET ADDRESS	RT. 4 BOX 670	STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	CITY-ST-ZIP	
TITLE	T VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AMMONS, WILLIAM	NAME	
STREET ADDRESS	~~RT 4 BOX 421~~ 97 Kings Rd	STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS	Hardbarger, Chad	STREET ADDRESS	
CITY-ST-ZIP	762 Lanham Lane Havana, Fl	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Jim Gibbs	NAME	
STREET ADDRESS	1036 Tallavana Dr	STREET ADDRESS	
CITY-ST-ZIP	Havana Fl 32333	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

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: William E Ammons — 4/30/2000 — 850 562-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #