

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735909

1. Entity Name

BETHEL BAPTIST CHURCH, INC., OF OCALA, FLORIDA

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90067 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4400 SW 145TH PLACE RD  
OCALA FL 34473  
US

4400 SW 145TH PLACE RD  
OCALA FL 34473-2352  
US

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

59-1662447

Applied For

Not Applied

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

WADDLE, HERB  
140 MARION OAKS LANE  
OCALA FL 34473

Name Mr. Don Paulson

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

16610 SW 25th Terrace Road

City

Ocala

FL

Zip Code

34473

8. The above named agent is authorized to change its registered office or registered agent, or both, in the state of Florida.

Don Paulson, Treasurer

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-2000

**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 C  
STREET ADDRESS RADUE, PATRICK E  
CITY-ST-ZIP 297 SE 61 CT.  
OCALA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME T  
STREET ADDRESS WADDLE, HERBERT L  
CITY-ST-ZIP 140 MARION OAKS LN  
OCALA FL

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS Mr. Don Paulson  
CITY-ST-ZIP 16610 SW 25th Terrace Road  
Ocala, FL 34473

TITLE ☒ Delete  
NAME T  
STREET ADDRESS ANDERSON, DOUGLAS  
CITY-ST-ZIP 15191 SW 43RD TERR RD  
OCALA FL 34473

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS Mr. Chuck Marion  
CITY-ST-ZIP 14476 SW 43rd Court Road  
Ocala, FL 34473

TITLE ☒ Delete  
NAME TR  
STREET ADDRESS WARREN, LEON  
CITY-ST-ZIP 8880 SW 27TH AVE. B36  
OCALA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME TR  
STREET ADDRESS FRASER, HAROLD  
CITY-ST-ZIP 15165 SW 39TH CIR.  
OCALA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Patrick E. Radue  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000

Date

(352) 347-0889

Daytime Phone #