

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735909

1. Entity Name

BETHEL BAPTIST CHURCH, INC., OF OCALA, FLORIDA

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90010 010 ****61.25

Principal Place of Business

4400 SW 145TH PLACE RD
OCALA FL 34473
US

Mailing Address

4400 SW 145TH PLACE RD
OCALA FL 34473
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 Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PAULSON, DON MR
16610 SW 25TH TERRACE ROAD
OCALA FL 34473

7. Name and Address of New Registered Agent

Name

Marion, Chuck Mr.

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

14476 SW 43rd Court Road

City

Ocala

FL

Zip Code

34473

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

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

TITLE **T** ☒ Delete
NAME **PAULSON, DON MR**
STREET ADDRESS **16610 SW 25TH TERRACE ROAD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **T** ☒ Delete
NAME **MARION, CHUCK MR**
STREET ADDRESS **14476 SW 43RD COURT ROAD**
CITY-ST-ZIP **OCALA FL 34473**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **T** ☐ Change ☒ Addition
NAME **THERESA Winter, Terri Mrs.**
STREET ADDRESS **3359 SW 137th Loop**
CITY-ST-ZIP **Ocala, FL 34473**

TITLE **T** ☐ Change ☒ Addition
NAME **Vargas, Ramon Mr.**
STREET ADDRESS **15201 SW 35th Ave. Road**
CITY-ST-ZIP **Ocala, FL 34473**

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

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)