

8/29

FILED

Sep 19, 2002 8:00 am
Secretary of State

08-29-2002 90083 025 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735909

1. Entity Name

BETHEL BAPTIST CHURCH, INC., OF OCALA, FLORIDA

Principal Place of Business

Mailing Address

4400 SW 145TH PLACE RD
OCALA FL 34473
US4400 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

7. Name and Address of New Registered Agent

MARION, CHICK
14476 SW 43RD COURT ROAD
OCALA FL 34473Name Herbert L. Waddle

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

140 Marion Oaks LaneCity 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Herbert L. WaddleHerbert L. Waddle8/26/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	RADUE, PATRICK E	
STREET ADDRESS	297 SE 61 CT.	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WINTER, THERESA	
STREET ADDRESS	3359 SW 137TH LOOP	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VARGAS, RAMON	
STREET ADDRESS	15121 SW 35TH AVENUE ROAD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MARION, CHUCK	
STREET ADDRESS	14476 SW 43RD COURT RD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman/Pastor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delbert T. Thompson	
STREET ADDRESS	14364 SW 45th Circle D	
CITY-ST-ZIP	Ocala, FL 34473	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert L. Waddle	
STREET ADDRESS	140 Marion Oaks Lane T	
CITY-ST-ZIP	Ocala, FL 34473	
TITLE	Financial Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Hauser	
STREET ADDRESS	14883 SW 35th Circle T	
CITY-ST-ZIP	Ocala, FL 34473	
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelvin Joseph	
STREET ADDRESS	14476 SW 43rd Court Rd. T	
CITY-ST-ZIP	Ocala, FL 34473	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Herbert L. Waddle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/26/02352/347-0371

CR2E037 (4/02)