

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

738847

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90108 013 ****61.25

BETHANY FELLOWSHIP OF SUWANNEE, INC.

Principal Place of Business

Mailing Address

C/O GLORIA MYERS
9379 ST. RD. 129
TRENTON, FL 32693

A0050338

SUWANNEE, FLA

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ART ANDERSON
B.R. 349 SOUTH
OLD TOWN, FLA
32680

Name: Gloria Myers
Street Address (P.O. Box Number is Not Acceptable): 9379 S. ST RD 129
City: Trenton, FL Zip Code: 32693

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: D SHARP, PAUL
NAME: 310 LIVELY LANE
STREET ADDRESS: LAKE LAND FLA.
CITY-ST-ZIP:

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

TITLE: D ST GLORIA MYERS
NAME: ST RD 24
STREET ADDRESS: TRENTON, FL
CITY-ST-ZIP:

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

TITLE: D WARD BROWN KIGHT
NAME: CR 349 SOUTH
STREET ADDRESS: OLD TOWN, FL
CITY-ST-ZIP:

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

TITLE: D ART ANDERSON
NAME: ST. RD. 349 So.
STREET ADDRESS: OLD TOWN, FLA
CITY-ST-ZIP:

TITLE: P. LYLE H. ANDERSON
NAME: P.O. BOX 215
STREET ADDRESS: CEDAR SPRINGS, GA
CITY-ST-ZIP: S.R 273

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: D JACK GAMBLE
NAME: YELLOW JACKET RD.
STREET ADDRESS: OLD TOWN, FL 32680
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: D RONALD SHARP
NAME: 306 ROCK CRUSHER RD.
STREET ADDRESS: BECAVITO FLA
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: LYLE H. ANDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01 912-372-4925

Date Daytime Phone #

CR2E037 (11/00)