

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745070

1. Entity Name

BETHEL ASSEMBLY, INC.



FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90006 013 ****70.00

Principal Place of Business

13400 GRIFFIN RD
 DAVIE FL 33330
 US

Mailing Address

13400 GRIFFIN RD
 DAVIE FL 33330
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1843522

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LIVELY, DAVID R.
 19644 BOB-O-LINK DR.
 MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
After September 13, 2000 min. will be \$236.25

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: STD Delete
 NAME: WALKER, GORDON
 STREET ADDRESS: 5424 NW 190 ST
 CITY-ST-ZIP: MIAMI FL

TITLE: ST Delete
 NAME: WALKER, GORDON
 STREET ADDRESS: 5424 NW 190 STREET
 CITY-ST-ZIP: MIAMI FL

TITLE: D Delete
 NAME: LIVELY, DAVID
 STREET ADDRESS: 19644 BOB-O-LINK
 CITY-ST-ZIP: MIAMI FL

TITLE: S Delete
 NAME: MCLAREN, YVONNE
 STREET ADDRESS: 9015 NW 54 PL
 CITY-ST-ZIP: MIAMI FL

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 TITLE: Change Addition

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

TITLE: Change Addition
 NAME: LEDLEY MOSS JR
 STREET ADDRESS: 7010 NW 186 ST
 CITY-ST-ZIP: MIAMI FL 33015
 TITLE: Change Addition

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

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 (5/00)