## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE:

## Jan 30, 2002 8:00 am Secretary of State **DOCUMENT # 749724** 1. Entity Name THE BETHEL ASSEMBLY OF GOD CHURCH OF GREENSBORO. 01-30-2002 90017 034 \*\*\*\*61.25 INC. Principal Place of Business Mailing Address 1882 PINEGROVE CHURCH RD 1882 PINEGROVE CHURCH RD **QUINCY FL 32351 QUINCY FL 32351** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2240761 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPENCE, GARY WILTON RE 1882 PINE GROVE CHURCH ROAD QUINCY FL 32351 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01) 孤雄 第 第 章 ☐ Delete TITLE ☐ Addition LEMIEUX, RONALD NAME W 8TH ST STREET ADDRESS CR2E037 STREET ADDRESS **GREENSBORO FL 32330** CITY-ST-ZIP CITY-ST-7/P TITLE : ☐ Delete TITLE Change ☐ Addition SPENCE, GARY WILTON RE NAME! NAME COUNTY RD. 269, RT.1 BOX 286 B STREET ADDRESS STREET ADDRESS CITY-ST-7IP **QUINCY, FL 32351** CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition BENTLY, LANE NAME NAME HWY 12 SO, PO BOX 781 NA STREET ADDRESS STREET ADDRESS BRISTOL FL 32321 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED