2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749724



FILED Feb 11, 2003 8:00 am § Secretary of State

THE BET	THEL ASSEMBLY OF GOD C	02-11-2003 90084 040 *****61.25							
Principal Place of Business 1882 PINEGROVE CHURCH RD QUINCY FL 32351		Mailing Address 1882 PINEGROVE CHURCH RD QUINCY FL 32351							
2. Principal	Place of Business	3. Mailing Addre	ss	,					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	<u>:</u>		4. FEI Number 59	4. FEI Number 59-2240761		Applied For Not Applicable	
Žip	Country	Zip	Co	ountry	5. Certificate of Sta	itus Desired	\$8.75 Ad Fee Require	ditional	1
	6. Name and Address of Curren	t Registered Agent	1	Name	7. Name and Addr	ess of New Registered	<u>'</u>		1
SPENCE, GARY WILTON RE							-		_
1882 PII	NE GROVE CHURCH ROAD		<i>i</i> ì	Street Addre	ss (P.O. Box Number is N	ot Acceptable)		_	
QUINCY	FL 32351		:	L					
	;		į.	City		FL	Zip Coc		1
8. The above the obligation	e named entity submits this statement fations of registered agent.	or the purpose of cha	nging its register	red office or regi	stered agent, or both, in the	ne State of Florida. I am f	amiliar with,	and accept	1
J			-						
SIGNATUŖE	Signature, typed or printed name of registered agen	t and title if our liastile	ANOTE S	-14		 ,			
		Tare the mappingable.	(NOTE: Register	eo Agent signature red	uired when reinstating)	DATE			1
			tion Campaign I		\$5.00 May Be Added to Fees	Make Check Florida Depart	Payable ment of S	to State	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	TO OFFICERS AND DIF	ECTORS IN	l 10	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMIEUX, RONALD W 8TH ST GREENSBORO FL 32330	□ Del	NAN STRI	i			☐ Change	Addition	(00/01/20)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCE, GARY WILTON RE COUNTY RD. 269, RT.1 BOX 286 QUINCY, FL 32351	□ Dele	NAM Stre				☐ Change	Addition	CBO
TITLE NAME STREET ADDRESS- CITY-ST-ZIP	TD BENTLY, LANE HWY 12 SO, PO BOX 781 NA BRISTOL FL 32321	☐ Dele	NAM STRE		and the second s		Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Dele	NAM STRE	į.			☐ Change	Addition	
TITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Dele	NAM! STRE		-	V. S	☐ Change	☐ Addition	-
ITLE IAME STREET ADDRESS CITY-ST-ZIP		□ Dele	NAME STREE	ı		-	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:**