

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

04-09-2003 90154 012 ****61.25

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|--|---|---|---|--|--|
| DOCUMENT # 750404 | | | | | |
| 1. Entity Name BETHANY BAPTIST CHURCH OF MANATEE COUNTY, INC. | | | | | |
| Principal Place of Business 26604 S.R. 64 E MYAKKA CITY FL 34251 US | | | Mailing Address 26604 S.R. 64 E MYAKKA CITY FL 34251 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1660671 | |
| Zip | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NELSON, HOWARD 27880 GOPHER HILL ROAD MYAKKA CITY FL 34251 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NELSON, HOWARD 27880 GOPHER HILL RD MYAKKA CITY FL 34251 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee Paul Lauterberg 11606 Rex Road Myakka City, FL 34251 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HINE, EILEEN 3135 N RYE RD PARRISH FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee Wayne L. Metcalf 24202 SR. 64 E. Myakka City, FL 34251 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WINGATE, RODNEY B 26618 SR 64 E MYAKKA CITY FL 34251 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee Dean Wingate 27248 SR 64 E. Myakka City, FL 34251 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WINGATE, RODNEY B 26618 SR 64 E MYAKKA CITY FL 34251 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Michelle Metcalf 24202 SR 64 E. Myakka City, FL 34251 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WINGATE, RODNEY B 26618 SR 64 E MYAKKA CITY FL 34251 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee Wayne L. Metcalf 24202 SR 64 E. Myakka City, FL 34251 | |
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| 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: <u>SIGNATURE REQUIRED</u> | | | Date <u>1/15/03</u> Daytime Phone # _____ | | |

CR2037 (10/02)