

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0077984

DOCUMENT # 752975

1. Entity Name

**BETHEL BAPTIST CHURCH, INDEPENDENT, OF RIVERVIEW
 , FLORIDA, INC.**

02-11-2002 90172 036 ****61.25

Principal Place of Business

Mailing Address

**12846 BALM RIVERVIEW RD
 RIVERVIEW FL 33569**

**12846 BALM RIVERVIEW RD
 RIVERVIEW FL 33569**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2019704

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCAZLIONE, JOHN
 12846 BALM RIVERVIEW RD
 RIVERVIEW FL 33569**

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

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	PD	<input type="checkbox"/> Delete
NAME	SHULAR, FREDDIE JOE	
STREET ADDRESS	114 PHILLIPS DRIVE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTCHER, JAMES	
STREET ADDRESS	12210 ELNORA DR	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAKER, LAVAUGHN	
STREET ADDRESS	P.O. BOX 95 N/A	
CITY-ST-ZIP	GIBSONTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: *Lavaughn Baker*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23-2002 **813 671-2396**
 Date Daytime Phone #

CR2E037 (9/01)