

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

0082974

DOCUMENT # **753233**

1. Entity Name

**GREATER NEW BETHEL MISSIONARY BAPTIST CHURCH, OF**

04-30-2001 90038 022 \*\*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business<br>305 N 8TH ST<br>PO BOX 2697<br>FT. PIERCE FL 34950<br>US | Mailing Address<br>305 N 8TH STREET<br>P.O. BOX 2697<br>FT. PIERCE FL 34950<br>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<br><b>59-2354822</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

REEVES, ARTHUR  
2510 AVE N.  
FT. PIERCE FL 34947

*→ Deceased*

7. Name and Address of New Registered Agent

Name *Rev. Clarence L. Ingram*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1618 North 19th Street*  
 City *Fort Pierce* FL Zip Code *34946*

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 *Rev. Clarence Ingram*  
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

|   |  |
|---|--|
| T<br>REEVES, CHARLIE JR.<br>2707 AVE. "T"<br>FT. PIERCE FL  | <input type="checkbox"/> Delete                            |
| VD<br>COBB, WILLIE<br>806 NO 20 STR<br>FT. PIERCE FL        | <input type="checkbox"/> Delete                            |
| DC<br>REEVES, ARTHUR<br>2510 AVE N<br>FT. PIERCE FL         | <input checked="" type="checkbox"/> Delete <i>Deceased</i> |
| PMD<br>INGRAM, CLARENCE<br>1618 N 19TH ST<br>FT. PIERCE FL  | <input type="checkbox"/> Delete                            |
| SD<br>CLARK, SANDFORD D<br>2601 AVE M<br>FT. PIERCE FL      | <input type="checkbox"/> Delete                            |
| S<br>MARTIN, CATHERINE<br>3105 KINGSLEY DR<br>FT. PIERCE FL | <input type="checkbox"/> Delete                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Catherine Martin Secretary* Date: *4/16/01* Daytime Phone #: *489-0485*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)