

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753233

1. Entity Name

GREATER NEW BETHEL MISSIONARY BAPTIST CHURCH, OF
FORT PIERCE, FLORIDA, INC.

Principal Place of Business

Mailing Address

305 N 8TH ST
PO BOX 2697
FT. PIERCE FL 34950
US

305 N 8TH STREET
P.O. BOX 2697
FT. PIERCE FL 34950
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2354822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGRAM, CLARENCE REV
1618 NORTH 19TH STREET
FORT PIERCE FL 34946

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

Rev. Clarence Ingram
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/02
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

T
NAME REEVES, CHARLIE JR. ☐ Delete
STREET ADDRESS 2707 AVE. T
CITY-ST-ZIP FT. PIERCE FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
NAME COBB, WILLIE ☐ Delete
STREET ADDRESS 806 NO 20 STR
CITY-ST-ZIP FT. PIERCE FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

PMD
NAME INGRAM, CLARENCE ☐ Delete
STREET ADDRESS 1618 N 19TH ST
CITY-ST-ZIP FT. PIERCE FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
NAME CLARK, SANDFORD D ☐ Delete
STREET ADDRESS 2601 AVE M
CITY-ST-ZIP FT. PIERCE FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

S
NAME MARTIN, CATHERINE ☐ Delete
STREET ADDRESS 3105 KINGSLEY DR
CITY-ST-ZIP FT. PIERCE FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
Date

489-0485
Daytime Phone #

CR2E037 (9/01)

0056198

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90041 010 ****61.25



DO NOT WRITE IN THIS SPACE