

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90319 026 ****61.25

DOCUMENT # 756164

1. Entity Name

FIRST BETHEL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**506 NORTH 11TH STREET
 FT PIERCE FL 34950-8212**

**506 NORTH 11TH STREET
 FT PIERCE FL 34950-8212**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2255151

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

**MIDDLETON, CLEON
 1603 NORTH 14TH STREET
 FT PIERCE FL 34950**

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

Apr. 23, 02

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 NAME STREET ADDRESS CITY-ST-ZIP	DIP RICHARDSON, AARON, SR 1801 CORAL AVENUE FT PIERCE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV MIDDLETON, CLEON 1603 N 14TH STREET FT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, PETER 807 NORTH 21ST STREET FT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, LEVI 1808 AVENUE L FT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERR, SANDRA 807 AVE M FT PIERCE FL 34950	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, SR, AARON 1801 CORAL AVE FORT PIERCE FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rev. Eddrew Baldwin 6914 N.W. Baroda Street PT. ST. LUCIE, FL 34983	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CLEON M. Middleton TDV Apr 23, 02 464-0413

CR2E037 (9/01)