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

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90170 044 ****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

☐ CHECK HERE IF MAKING CHANGES

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 59-2255151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Robert Kirk
Street Address (P.O. Box Number is Not Acceptable): 232 SW Moselle Ave
City: Port St. Lucie **FL** Zip Code: 34984

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: Robert Kirk Robert Kirk 1-10-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BALDWIN, ELDEREW REV 9614 NW BARODA STREET PORT SAINT LUCIE FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	TDV Kirk, Robert 232 SW Moselle Ave Port St. Lucie, Fl 34984 ☐ Change ☑ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, LEVI 1808 AVENUE L FT PIERCE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☐ 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: Elderwa Baldwin TYPED Elderew Baldwin 1-10-03 772-464-0951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)