


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

0015969

**DOCUMENT # 758358**

1. Entity Name.  
**THE BETHEL BAPTIST CHURCH OF GREENFIELD, INC.**



**FILED**  
**Sep 24, 2003 8:00 A**  
**Secretary of State**

Principal Place of Business      Mailing Address

**18935 MICHIGAN LANE**      **18935 MICHIGAN LANE**  
**SPRING HILL FL 34610**      **SPRINGHILL FL 34610**  
**US**      **US**



5-9-03  CHECK HERE IF MAKING CHANGES \$61.25

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 **59-2358434**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BLOCHER, ROBERT**  
**18917 SHETTLER ROAD**  
**LAND O LAKES FL 34639**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert Blocher      DATE 9/8/03

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**  
**After September 10, 2003, min will be \$236.25**

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**

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | VPD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | STEED, FRED         |  |
| STREET ADDRESS | 18935 MICHIGAN LANE |  |
| CITY-ST-ZIP    | SPRINGHILL FL 34610 |  |
| TITLE          | PD                  | <input type="checkbox"/> Delete            |
| NAME           | BLOCHER, ROBERT     |  |
| STREET ADDRESS | 18935 MICHIGAN LANE |  |
| CITY-ST-ZIP    | SPRINGHILL FL 34610 |  |
| TITLE          | STD                 | <input type="checkbox"/> Delete            |
| NAME           | MCMULLEN, CARL      |  |
| STREET ADDRESS | 18935 MICHIGAN LANE |  |
| CITY-ST-ZIP    | SPRINGHILL FL-34610 |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | VPD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Willard Cox           |  |
| STREET ADDRESS | 18935 Michigan Ln.    |  |
| CITY-ST-ZIP    | SPRING HILL, FL 34610 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Blocher      DATE 9/8/03      PHONE 813-996-6777

CR2E037 (4/03)