

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90004 039 ****61.25

DOCUMENT # 768028

1. Entity Name

GREATER BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, INC.

Principal Place of Business

Mailing Address

603 N.W. 7TH AVENUE
 GAINESVILLE FL 32601

603 N.W. 7TH AVENUE
 GAINESVILLE FL 32601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2342883

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

GREEN, DAVID W REV.
 603 N.W. 7TH AVE
 GAINESVILLE FL 32601

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 _____ DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, DAVID W REV.	
STREET ADDRESS	753 N.W. 8TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VC	<input type="checkbox"/> Delete
NAME	GEORGE, EDDIE	
STREET ADDRESS	309 N.W. 4TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, ANDREW W	
STREET ADDRESS	5224 NW 18TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEE, SHIRLEY	
STREET ADDRESS	3121 N W 76TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, EUGENE	
STREET ADDRESS	913 N.E. 22ND STREET	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, CARRIE	
STREET ADDRESS	705 N.W. 10TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DAVID W REV.	
STREET ADDRESS	753 N.W. 8TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randolph Jones	
STREET ADDRESS	P.O. Box 167 - 6121 NW 218 AVE	
CITY-ST-ZIP	LACROSSE FL 32658	
TITLE	Treasurer	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Towney Kingcade	
STREET ADDRESS	4013 S.W. 27th St Apt D.121	
CITY-ST-ZIP	GAINESVILLE FL 32608	

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: _____ **3/9/02** **352 331-3177**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)