

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90086 028 ****61.25

DOCUMENT # 769954

1. Entity Name

BETHEL A. M. E. CHURCH OF INDIAN RIVER COUNTY, I

Principal Place of Business

Mailing Address

745 BEACON STREET N.W.
 PALM BAY FL 32907

745 BEACON STREET N.W.
 PALM BAY FL 32907-7834

2. Principal Place of Business

3. Mailing Address

1410 SW 98th AVE

1410 SW 98th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES, FL

Zip

33025

Country

Zip

33025

Country

4. FEI Number

59-2803827

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, MILLARD
 745 BEACON ST NW
 PALM BAY FL 32907

Name **JOHNS, PHILIP**

Street Address (P.O. Box Number is Not Acceptable)

1410 SW 98th AVE

PEMBROKE PINES, FL 33025

City

FL

Zip Code

33025

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

Philip Johns

PHILIP JOHNS

4/15/00

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** Delete
 NAME **CAMPBELL, MILLARD**
 STREET ADDRESS **745 BEACON STREET NW**
 CITY-ST-ZIP **PALM BAY FL**

TITLE **PD** Change Addition
 NAME **JOHNS, PHILIP**
 STREET ADDRESS **1410 SW 98th AVE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE **VD** Delete
 NAME **THOMAS, ALVIN**
 STREET ADDRESS **1006 VERNON ST.**
 CITY-ST-ZIP **FELLSMERE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **SMITH, LORAIN**
 STREET ADDRESS **1007 VERNON ST.**
 CITY-ST-ZIP **FELLSMERE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SHACKELFORD, RAYMOND**
 STREET ADDRESS **2131 NORTHVIEW STREET NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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:

Philip Johns **PHILIP JOHNS**

4/15/00

305-759-4136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #