

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20577

1. Entity Name

BETHLEHEM TEMPLE, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90048 014 ***150.00

Principal Place of Business

Mailing Address

555 8TH CTSW
VERO BEACH FL 32962

% AUTHOR L. MANNING. SR.
1125 8 CT SW
VERO BEACH FL 32962-5508

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

65-0148068

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

MANNING, AUTHOR L., SR.
1125 8 CT SW
VERO BEACH FL 32962

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, AUTHOR L., SR.		NAME	
STREET ADDRESS	1125 8 CT SW		STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, IDONIA		NAME	
STREET ADDRESS	1125 8 CT SW		STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, ANNIE		NAME	
STREET ADDRESS	1280 11 CT SW		STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, WINIFRED		NAME	
STREET ADDRESS	743 SW 5TH ST.		STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Author L. Manning Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2000 (591) 7700917

CR2E034 (9/99)