

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000000031**

1. Entity Name

THE BETHLEHEM HOUSE, INC. OF JACKSONVILLE BEACH**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90028 045 ****70.00

Principal Place of Business

**1423 NORTH 8TH AVE.
JACKSONVILLE BEACH FL 32250**

Mailing Address

**1423 NORTH 8TH AVE.
JACKSONVILLE BEACH FL 32250**

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 **59-3738526**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BUCHHEIMER, JOHN R
1423 N 8TH AVE
JACKSONVILLE BEACH FL 32250****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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **BUCHHEIMER, JOHN R REV.**
STREET ADDRESS **209 TALLWOOD ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32250**TITLE **D** ☐ Delete
NAME **HUNAVY, MARY JO**
STREET ADDRESS **108 SEA GRAPE DR.**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**TITLE **D** ☐ Delete
NAME **JACOBS, BARBARA M**
STREET ADDRESS **5126 OTTER CREEK DR.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **TREASURER OFFICER**
STREET ADDRESS **TITLE**
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **OFFICER**
STREET ADDRESS **PAUL HUBER**
CITY-ST-ZIP **902 NORTH 4TH STREET
JACKSONVILLE BEACH, FL 32250**TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **THE REV. DANA A. BRONES**
CITY-ST-ZIP **8759 CANYON FALLS DRIVE
JACKSONVILLE, FL 32224**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)