

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

DOCUMENT # N00000000532

1. Entity Name

BETHEL CHURCH OF JESUS CHRIST (APOSTOLIC), INC.

06-01-2001 90006 001 ****68.00

06-01-2001 90006 002 *****2.00

Principal Place of Business

Mailing Address

1443 39TH ST.
 ORLANDO FL 32809

1443 39TH ST.
 ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

1443 39th Street

1443 39th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Orlando FL

Country

City & State
 Orlando FL

Country

Zip
 32809

Country

Zip
 32809

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, HEADLEY I REV.
 23100 LONGFELLOW CT.
 ORLANDO FL 32818

Name
 Bev H. I. Jones

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

2100 Longfellow Ct

City
 Orlando

FL

Zip Code
 32818

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

Headley Jones

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

(NOT: Registered Agent signature required when reinstating)

5/21/01

DATE

FILE NOW:
FEES \$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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T
 JONES, HEADLEY I REV
 2100 LONGFELLOW CT
 ORLANDO FL 32818 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T
 JONES, SAMUEL I
 2100 LONGFELLOW CT
 ORLANDO FL 32818 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T
 FARMER, WENDY S
 12014 BLACKHEATH CIR.
 ORLANDO FL 32818 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Headley Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/01

Date

Daytime Phone #

CR2E037 (10/00)

0027 4