

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003331

DOCUMENT # N00000004048

1. Entity Name
GREATER BETHLEHEM BAPTIST CHURCH, INC.



FILED
04 MAY -7 PM 3:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
333 SOUTH CLARA AVENUE
DELAND FL 32720

Mailing Address
333 SOUTH CLARA AVENUE
DELAND FL 32720

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**



REINSTATEMENT 03.04
CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3682577

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~TYSON, GARRY L~~
~~326 PINESPRINGS DR.~~
~~DEBARY FL 32713~~

*In Process of Delete appointing
← Moved New pastor*

7. Name and Address of New Registered Agent

Name David J. Livingston (Acting)

Street Address (P.O. Box Number is Not Acceptable)
805 S. Thompson St.

City Deland, FL **Zip Code** 32720

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David J. Livingston*, Director & Trustee, 4/7/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LIVINGSTON, DAVID L 805 S. THOMPSON ST. DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROSS, GUSSIE M 311 S. ORANGE AVENUE DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JONES, QUINCY 55 SPRING RIDGE DR. DEBARY FL 32713	<input checked="" type="checkbox"/> Delete <i>Moved</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	800035765298 05/07/04--01078--008 **297.50	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Martha McRae Livingston 805 S. Thompson St Deland, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Willie Ware 5076 Fairport Ave De Leon Springs, FL 32130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** *David J. Livingston* 4/7/2004 386-7389113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)