

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90011 001 ****61.25

08-21-2007 90011 002 *****8.75

DOCUMENT # N00000004048

1. Entity Name

GREATER BETHLEHEM BAPTIST CHURCH, INC.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6



2nd MOORE

CR2E037 (4/07)

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

7. Name and Address of New Registered Agent

**RAULERSON, WENDELL H
333 SOUTH CLARA AVE
DELAND FL 32720**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **DAVID L. LIVINGSTON**
STREET ADDRESS **805 S. THOMPSON ST.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Change ☒ Addition
NAME **Lloyd Pryce**
STREET ADDRESS **749 South High Street**
CITY-ST-ZIP **DeLand, FL 32720**

TITLE ☐ Delete
NAME **DAVID J. LIVINGSTON**
STREET ADDRESS **805 S. THOMPSON ST Ave.**
CITY-ST-ZIP **DELAND FL 32720**

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

TITLE ☐ Delete
NAME **MARTHA M. LIVINGSTON**
STREET ADDRESS **805 SO. THOMPSON ST Ave.**
CITY-ST-ZIP **DELAND FL 32720**

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

TITLE ☐ Delete
NAME **WILLIE WARE**
STREET ADDRESS **5076 FAIRPORT AVE**
CITY-ST-ZIP **DELEON SPRINGS FL 32130**

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

TITLE ☐ Delete
NAME **WENDELL H. RAULERSON**
STREET ADDRESS **333 SOUTH CLARA AVE**
CITY-ST-ZIP **DELAND FL 32720**

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 exemptions contained in Chapter 119, 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #