

2002 UNIFORM BUSINESS REPORT (UBR)

7/17

FILED
Sep 03, 2002 8:00 am
Secretary of State

07-17-2002 90135 038 ****70.00

DOCUMENT # N00000006547

1. Entity Name

BETHLEHEM FULL GOSPEL MINISTRIES, INC.

Principal Place of Business

4551 SE GERALDINE ST.
 STUART FL 34997

Mailing Address

4551 SE GERALDINE ST.
 STUART FL 34997

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

65-1090561

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

JOHNSON, JR., HOSEY L
4551 SE GERALDINE ST.
STUART FL 34997

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 reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 **D** ☐ Delete
 NAME **JOHNSON, JR., HOSEY L**
 STREET ADDRESS **2855 SW ANN ARBOR RD.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

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

TITLE **D** ☐ Delete
 NAME **DELANCY, GAILYA**
 STREET ADDRESS **5744 SE 47TH AVE.**
 CITY-ST-ZIP **STUART FL 34997**

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

TITLE **D** ☐ Delete
 NAME **TAYLOR, SYLVIA**
 STREET ADDRESS **5673 SE 47TH AVE.**
 CITY-ST-ZIP **STUART FL 34997**

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

TITLE **DT** ☐ Delete
 NAME **Ernesti**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D, T** ☐ Change ☒ Addition
 NAME **Ernestine Clark**
 STREET ADDRESS **4659 SE 44th Ave**
 CITY-ST-ZIP **Stuart, FL 34997**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

Day/Phone #

CR2E037 (4/02)