

FILED
Sep 15, 2002 8:00 am
Secretary of State

05-20-2002 90094 017 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004062

1. Entity Name

BETHANY COMMUNITY DEVELOPMENT MINISTRIES, INC.

Principal Place of Business

401 STOCKTON ST
JACKSONVILLE FL

Mailing Address

401 STOCKTON ST
JACKSONVILLE FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32204

32204

4. FEI Number

0-24495123-2

☒ 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

PERRY, JOHN H
401 STOCKTON ST
JACKSONVILLE FL

Name

John H. Perry

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

401 Stockton St

City

Jacksonville FL

Zip Code

32204

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 \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TRUSTEE	ANDREW L COBB	9380 103RD ST #149	JACKSONVILLE FL 32210	☐
	Shirley A. Thomas	2568 Vernon St	Jacksonville, Fla 32204	☐
	Jacqueline Singleton-Gibb	9380 103RD ST. Lot 149	JACKSONVILLE, FLA 32210	☐
	Minister	Raig Johnson Jr. Blvd	3145 W 16th Jackson Fla 32205	☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ 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)(f), 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

ANDREW L COBB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/22/02 904-388-5217