

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90105 014 *****70.00

DOCUMENT # N01000005968

1. Entity Name

BETHESDA WORD OF FAITH CHURCH, INC.



Principal Place of Business

**1963 12TH STREET
SARASOTA FL 34236**

Mailing Address

**PO BOX 923
SARASOTA FL 34230**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **02-0591792**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 - - -

**DAVIS, JOHN
1963 12TH STREET
SARASOTA FL 34236**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JOHN	
STREET ADDRESS	1963 12TH STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, FREDDIE	
STREET ADDRESS	6145 N. TUTTLE AVENUE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, CALVIN	
STREET ADDRESS	1118 CONRAD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, TWYLA	
STREET ADDRESS	1118 N CONRAD	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEENER, PRISCILLA	
STREET ADDRESS	2805 GOODRICH AV	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARY ANN, PETE	
STREET ADDRESS	3209 JOB LOUIS DR	
CITY-ST-ZIP	SARASOTA FL 34234	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULLITT, MARTHA	
STREET ADDRESS	3603 Longmeadow DR	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, CALVIN	
STREET ADDRESS	1871 CONRAD AV	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, TWYLA	
STREET ADDRESS	1118 CONRAD AV	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN PETE	
STREET ADDRESS	3209 JOB LOUIS DR	
CITY-ST-ZIP	SARASOTA FL 34234	

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] **DAVIS**

4/15/03 9A1-364-9750

CR2E037 (10/02)