

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90217 030 ****61.25

DOCUMENT # N02000002599

1. Entity Name

MARY OF BETHANY CHURCH, INC.



Principal Place of Business
**4050 WEST STATE ROAD 46
SANFORD FL 32771**

Mailing Address
**185 MILL RUN DRIVE
LAKE MARY FL 32746**

44002600



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

02-0582252

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name

Ricky H. Friend

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

185 MILL RUN DR

City

LAKE MARY

FL

Zip Code

32746

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]

Ricky H. Friend 4-14-03

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

TITLE **PD** ☐ Delete
NAME **FRIEND, RICKY H**
STREET ADDRESS **4050 WEST STATE ROAD 46**
CITY-ST-ZIP **SANFORD FL 32771** **D**

TITLE **VSTD** ☐ Delete
NAME **FRIEND, SHELLEY A**
STREET ADDRESS **4050 WEST STATE ROAD 46**
CITY-ST-ZIP **SANFORD FL 32771** **D**

TITLE **D** ☒ Delete
NAME **MACLEOD, JOSHUA**
STREET ADDRESS **4050 WEST STATE ROAD 46**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **Joetta West** ☐ Delete
NAME **Joetta West**
STREET ADDRESS **104 Briarwood Dr**
CITY-ST-ZIP **Sanford, FL 32771** **D**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Joetta West** ☐ Change ☒ Addition
NAME **Joetta West**
STREET ADDRESS **Sanford, FL 32771**

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

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

407-328-4762

Daytime Phone #

CR2E037 (10/02)