

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90083 017 ****61.25

DOCUMENT # N02000009531

1. Entity Name

BETHEL BAPTIST CHURCH OF NEW PORT RICHEY, INC.



Principal Place of Business

9851 STATE RD. 54
NEW PORT RICHEY FL 34655

Mailing Address

9851 STATE RD. 54
NEW PORT RICHEY FL 34655

2. Principal Place of Business

CORRECT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0540786

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KRAVITZ, DAVID
9851 STATE RD. 54
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<i>President</i> <i>DAVID KRAVITZ</i>	<i>2034 Meadow Rue ct</i>	<i>TRINITY FL 34655</i>	<input type="checkbox"/>
	<i>DAVID COX</i>			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<i>Treasurer</i>	<i>DAVID COX</i>	<i>5445 Shell Rd.</i>	<i>Land O Lakes FL 34639</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Secretary</i>	<i>Walter Weiss</i>	<i>3704 Lighthouse way</i>	<i>Holiday FL 34691</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>President</i>	<i>DAVID KRAVITZ</i>	<i>2034 Meadow Rue ct</i>	<i>TRINITY FL 34655</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *David Kravitz* SIGNATURE REQUIRED: *DAVID KRAVITZ*

813629-1210

CR2E037 (10/02)