


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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90172 003 \*\*\*\*70.00

**DOCUMENT # N02424**

1. Entity Name  
**BETHEL CHRISTIAN METHODIST EPISCOPAL CHURCH INC.**



Principal Place of Business Mailing Address


**%NANCY J. KNIGHT** PO BOX 48295  
1719 22ND STREET SARASOTA FL 34278  
SARASOTA FL 34234 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0160450** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KNIGHT, NANCY J**  
1777 18TH ST  
SARASOTA FL 33580

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code **34234**

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 Nancy J. Knight-Recording Steward Nancy J. Knight 1/26/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering) 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	PTR	<input type="checkbox"/> Delete
NAME	THOMAS, PRECIOUS	
STREET ADDRESS	2724 24TH STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JORDAN, JAMES	
STREET ADDRESS	1348 14TH STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KNIGHT, NANCY J.	
STREET ADDRESS	1777 18TH ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, ALBERTA	
STREET ADDRESS	3003 GILLESPIE AVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	CT	<input type="checkbox"/> Delete
NAME	GANDY, SR. L	
STREET ADDRESS	1803 N EUCLID AVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lynn S. Gandy, Recording Steward Board 1/26/03 946-952-0417 1-26-03

CR2E037 (10/02)