

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10541

1. Entity Name

BETHEL BAPTIST CHURCH OF FORT-LAUDERDALE, FLORID

Principal Place of Business

6060 KIMBERLY BLVD
NO LAUDERDALE FL 33068
US

Mailing Address

6060 KIMBERLY BLVD
NO LAUDERDALE FL 33068-2812
US

2. Principal Place of Business

6060 Kimberly Blvd.
Suite, Apt. #, etc.

3. Mailing Address

6060 Kimberly Blvd.
Suite, Apt. #, etc.

City & State

No Lauderdale FL.

City & State

North Lauderdale FL.

4. FEI Number

59-2559875

Applied For

Not Applicable

Zip

Country

33068

Broward

Zip

Country

33068

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DALRYMPLE, LAWRENCE A SR
5450 NW 49 ST
COCONUT CREEK FL 33093

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.

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

T ☐ Delete
NAME DALRYMPLE, INA
STREET ADDRESS 5450 NW 49 ST
CITY-ST-ZIP COCONUT CREEK FL 33073

P ☐ Delete
NAME DALRYMPLE, LAWRENCE SR.
STREET ADDRESS 5450 NW 49 ST
CITY-ST-ZIP COCONUT CREEK FL 33073

S ☐ Delete
NAME VASSELL, BARRINGTON
STREET ADDRESS 18899 N. W. 11TH CT.
CITY-ST-ZIP MIAMI FL

D ☐ Delete
NAME DALRYMPLE JR., LAWRENCE
STREET ADDRESS 5450 NW 49 ST
CITY-ST-ZIP COCONUT CREEK FL 33073

D ☐ Delete
NAME RUSSELL, NOEL
STREET ADDRESS 591 NW 45TH TERR
CITY-ST-ZIP PLANTATION FL

DVP ☐ Delete
NAME DUMMIYNAY, DENISE
STREET ADDRESS 5450 NW 49 ST
CITY-ST-ZIP COCONUT CREEK FL 33073

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: *Lawrence A Dalrymple Sr.* (954) 972-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 4/26/00
Daytime Phone #

CR2E037 (9/93)