

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90059 050 \*\*\*\*70.00

**DOCUMENT # N10541**

1. Entity Name

**BETHEL WORSHIP CENTER OF FORT LAUDERDALE, FLORID  
A, INC.**

Principal Place of Business

Mailing Address

6060 KIMBERLY BLVD  
NO LAUDERDALE FL 33068  
US

6060 KIMBERLY BLVD  
NO LAUDERDALE FL 33068  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2559875**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TVP	<input type="checkbox"/> Delete
NAME	DALRYMPLE, INA	
STREET ADDRESS	5450 NW 49TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	P	<input type="checkbox"/> Delete
NAME	DALRYMPLE, LAWRENCE SR.	
STREET ADDRESS	5450 NW 49 ST	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	S	<input type="checkbox"/> Delete
NAME	VASSELL, BARRINGTON	
STREET ADDRESS	18899 N. W. 11TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALRYMPLE JR., LAWRENCE	
STREET ADDRESS	5450 NW 49 ST	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, NOEL	
STREET ADDRESS	591 NW 45TH TERR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EULITH, AUSTIN	
STREET ADDRESS	5450 NW 49TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lawrence A Dalrymple Sr*

1/15/02

954

972-3321

CR2E037 (9/01)