2001 UNIFORM BUSINESS REPORT-(UER)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # N12815 1. Entity Name 03-02-2001 90016 047 ****61.25 STAR OF BETHLEHEM, OLD REGULAR BAPTIST CHURCH OF Principal Place of Business Mailing Address 39121 CENTRAL AVE 102 JEAN ANN AVENUE C/O WILLIAM E. COMPTON, JR. CRYSTAL SPRINGS FL 33524 26564 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2994024 Not Applicable Zip Zio Country Country \$8.75 Addillonal 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) COMPTON, WILLIAM E JR. 102 JEAN ANN AVENUE SEFFNER FL 33584 City 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. OMPTON 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW- \Box Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Change Addition TITLE TITLE COMPTON, WILLIAM JR NAME NAME 102 JEAN ANN AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 VICE PRESIDENT VPD Delete ☐ Change Addition TITLE KENNETH COMPTON DRIVE HOLCOMB, VIRGIL NAME NAME 4654 TAMPA DOWNS BLVD STREET ADDRESS STREET ADDRESS LAND OLAKES FL 34639 CITY-ST-ZIF CITY-ST-ZIP TAMPA FL 33549 SECRETARY Delete ☐ Change Addition TITLE DONALD MARGUM AMBURGEY, IVAN. NAME 102 JEAN ANN AVE 38529 MONET DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEFFNER FL 3358Y CITY-ST-71P ZEPHYRHILLS FL 33540 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Сhange ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS 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.