

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90003 012 ****75.00

DOCUMENT # N12815

1. Entity Name

STAR OF BETHLEHEM, OLD REGULAR BAPTIST CHURCH OF JESUS CHRIST, INC.

Principal Place of Business

Mailing Address

**39121 CENTRAL AVE
 CRYSTAL SPRINGS FL 33524
 US**

**102 JEAN ANN AVENUE
 C/O WILLIAM E. COMPTON, JR.
 SEFFNER FL 33584**

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

23753 FOREST VIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAND O' LAKES

FL 34639

Zip

Country

Zip

Country

USA

34639

USA

4. FEI Number

59-2994024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMPTON, WILLIAM E JR.
 102 JEAN ANN AVENUE
 SEFFNER FL 33584**

Name **KENNETH R. COMPTON**

Street Address (P.O. Box Number is Not Acceptable)
23753 FOREST VIEW DRIVE

City **LAND O' LAKES**

FL

Zip Code **34639**

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 *Kenneth R. Compton*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PT COMPTON, WILLIAM JR 102 JEAN ANN AVENUE SEFFNER FL 33584 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COMPTON, KENNETH 23753 FOREST VIEW DRIVE LAND O' LAKES FL 34639 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARCUM, DONALD 102 JEAN ANN AVENUE SEFFNER FL 33584 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Kenneth R. Compton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

**813
 995-0672**

Daytime Phone #

CR2E037 (9/01)

0078195