

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16241

1. Entity Name

BETHEL AFRICAN METHODIST EPISCOPAL CHURCH OF PAL

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90182 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

719 REID STREET  
PALATKA FL 32177

P. O. BOX 1026  
PALATKA FL 32178-1026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0389034

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EVINS, WILBERT J. SR.  
4523 HUDSON ST  
OFF HIGHWAY 17 NORTH  
PALATKA FL 32177

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 ☐ Delete  
NAME D  
STREET ADDRESS EVINS, WILLARD, JR.  
CITY-ST-ZIP FERN STREET  
SAN MATEO FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GIVENS, DAVID, SR.  
CITY-ST-ZIP RT. 5, BOX 2048  
PALATKA FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DAVIS, REV M F  
CITY-ST-ZIP 107 BROWNING AVE., PO BOX 1026  
PALATKA FL

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS Mary F. Davis  
CITY-ST-ZIP 1128 Bertha St  
Jacksonville, FL 32218

TITLE ☒ Delete  
NAME D  
STREET ADDRESS PAIGE, HUEY  
CITY-ST-ZIP 600 N. 19TH ST.  
PALATKA FL

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Brinson, Lillian  
CITY-ST-ZIP 905 N 20th St  
Palatka, FL

TITLE ☒ Delete  
NAME D  
STREET ADDRESS ALLEN, ROBERT  
CITY-ST-ZIP 1408 DUNHAM ST.  
PALATKA FL

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Givens, Susie  
CITY-ST-ZIP Rt. 5, Box 2048  
Palatka, FL

TITLE ☐ Delete  
NAME S  
STREET ADDRESS POLITE, QUEEN ESTER  
CITY-ST-ZIP 208 PALMETTO, ST, RT 6 BOX 24  
PALATKA FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Mary F. Davis* **APPROVED** April 12, 2000 904-766-0436

CR2E037 (9/99)