2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N25203** May 31, 2000 8:00 am 1. Entity Name Secretary of State BETHEL AFRICAN METHODIST EPISCOPAL CHURCH, DUNED 05-31-2000 90010 036 ****61.25 Principal Place of Business Mailing Address 1134 NORTH DOUGLAS AVENUE 1134 NORTH DOUGLAS AVENUE DUNEDIN FL 34698-4948 **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-2955523 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **CUMMINGS, FRANK C BISHOP** 112 W. ADAMS ST. STE. #1814 JACKSONVILLE FL 32202 Zip Code City 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 DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change **REV** X Delete TITLE REV ☐ Addition TITLE NAME GREEN, EDWARD NAME TAYLOR, CASABELL STREET ADDRESS STREET ADDRESS 1443 OVERLEA STREET CLEARWATER, FL 33755 1134 DOUGLAS AVE CITY-ST-7IP CITY-ST-7IP **DUNEDIN FL 34698** ☐ Change Addition TITLE ☐ Delete TITLE NAME MURRAY, MARLENE NAME STREET ADDRESS STREET ADDRESS 806 N. JEFFERSON AVE. CITY-ST-ZIP CITY-ST-ZIP Clearwater fl TITLE ☐ Delete TITLE ☐ Change ☐ Addition HINSON, DELORIS NAME STREET ADDRESS 2004 MADEIRA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** D ☐ Delete TITLE ☐ Change Addition NAME LONG, MARION NAME STREET ADDRESS STREET ADDRESS 2315 MINEALA RD CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL TITLE Change ☐ Addition TITLE □ Delete HINSON, EARL JR. NAME NAME STREET ADDRESS STREET ADDRESS 2004 MADEIRA AVE CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL 34698 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 DIRECT

4/30/00

727-443-4335

Daytime Ph