

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N30248**

1. Entity Name

**GREATER BETHEL MISSIONARY BAPTIST CHURCH, INC.**

*R*

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90105 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1207 N JEFFERSON ST  
 TAMPA FL 33677-1703  
 US

P.O. BOX 172784  
 TAMPA FL 33672  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2941539**

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

**BRYANT STALEY**  
**4224 WATER OAKS LANE**  
**TAMPA FL 33634**

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**  
**After September 13, 2000 min. will be \$236.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MYERS, GWENDOLYN</b>	
STREET ADDRESS	<b>2704 N 32ND ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEAVER, EVA L</b>	
STREET ADDRESS	<b>10009 ESKIMO AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>GREEN S WITT</b>	
STREET ADDRESS	<b>1910 E NOEL</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WISE, REECHE</b>	
STREET ADDRESS	<b>6842 KINGSTON DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON WILLIE</b>	
STREET ADDRESS	<b>10007 FAWN GROVE PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33637</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, PATRICIA L</b>	
STREET ADDRESS	<b>6620 GRANADA BLVD #9</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Trustee</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Daphney Mickler</b>	
STREET ADDRESS	<b>8211 Clermont St</b>	
CITY-ST-ZIP	<b>Tampa, FL 33637</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2608 E. North Bay St</b>	
CITY-ST-ZIP	<b>Tampa, FL 33610</b>	

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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/2000 Date 2291390 Daytime Phone #

CR2E037 (5/00)