

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41880

1. Entity Name

MOUNT BETHEL BAPTIST CHURCH CREDIT UNION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90186 021 ****61.25

Principal Place of Business

901 NW 11TH AVENUE
FT. LAUDERDALE FL 33311

Mailing Address

901 NW 11TH AVENUE
FT. LAUDERDALE FL 33311-7124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0240663

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

CE GLOVER

9061 NW 11TH COURT
PLANTATION FL 33322
5166 Waters Edge Way
Cooper City, FL 33330

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

C. E. Glover

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/00

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	PD GLOVER, C.E.	<input type="checkbox"/> Delete
STREET ADDRESS	9061 NW 11TH COURT	
CITY-ST-ZIP	PLANTATION FL	
TITLE NAME	VD HAMILTON, EDWIN	<input type="checkbox"/> Delete
STREET ADDRESS	2323 NW 19TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE NAME	STD ANDERSON VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS	9965 NW 9TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE NAME	D BATTLE, MOZELL	<input type="checkbox"/> Delete
STREET ADDRESS	1730 NW 35TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE NAME	D JONES, ROY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1831 NW 36TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE NAME	D REED, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	750 NW 43RD AVENUE	
CITY-ST-ZIP	PLANTATION FL	

TITLE NAME	D Hattie D. McDowell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3441 N. W. 7th Court	
CITY-ST-ZIP	Fort Lauderdale, FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

C. E. Glover
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. E. Glover 04/26/00 954-763-5644

Date

Daytime Phone #

CR2E037 (9/99)