

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N41880**

1. Entity Name

MOUNT BETHEL BAPTIST CHURCH CREDIT UNION, INC.

Principal Place of Business

Mailing Address

901 NW 11TH AVENUE

901 NW 11TH AVENUE

FT. LAUDERDALE
33311

FL

FT. LAUDERDALE
33311

FL

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CE GLOVER
9061 NW 11 COURTPLANTATION
33322 FL

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.****03/21/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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

PD

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)