

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90057 041 ****61.25

DOCUMENT # N50838

1. Entity Name

BETHEL BAPTIST CHURCH, INC. OF GILCHRIST COUNTY

Principal Place of Business

Mailing Address

7070 S.W. CR 334 A
 TRENTON FL 32693
 US

7070 SW CO. RD 334-A
 TRENTON FL 32693
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3144444

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

BACHLE, LAWRENCE
5270 S.W. 80 ST
TRENTON FL 32693

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	D	<input type="checkbox"/> Delete
NAME	PRIDGEON, BRANDON	
STREET ADDRESS	3740 SW CR 341	
CITY-ST-ZIP	TRENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURLSTON, RICHARD	
STREET ADDRESS	8180 SW C.R. 232	
CITY-ST-ZIP	TRENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BACHLE, LAWRENCE	
STREET ADDRESS	P.O. BOX 498 5270 SW 80 ST	
CITY-ST-ZIP	TRENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERETT, J.M.	
STREET ADDRESS	P.O. BOX 656/6680 80 ST	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 (352) 463-2028

Date

Daytime Phone #

CR2E037 (10/00)