

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002438

1. Entity Name

BETHESDA BIBLE CHURCH, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90023 011 ****61.25

Principal Place of Business Mailing Address
 3880 S WASHINGTON 3880 S. WASHINGTON
 TITUSVILLE FL 32780 TITUSVILLE FL 32780-5849
 US US

2. Principal Place of Business 3. Mailing Address
 7101 S. US HWY 1 P.O. Box 5663
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Titusville, FL Titusville, FL
 Zip Zip Country Country
 32780 32783-5663 U.S. U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3211949 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THOMURE, ANTHONY R
 1195 CLEVELAND ST
 TITUSVILLE FL 32780

7. Name and Address of New Registered Agent
 Name Kevin Jeffrey
 Street Address (P.O. Box Number is Not Acceptable) 5945 Fisherman Lane
 City Cocoa FL Zip Code 32927

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 Kevin Jeffrey, Pastor 4/2/00
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	STATON, ROBERT	
STREET ADDRESS	3685 WOOD DUCK DR	
CITY-ST-ZIP	MIAMI FL 32754	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	THOMURE, ANTHONY R	
STREET ADDRESS	1195 CLEVELAND ST	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JEFFERSON, JENNETT	
STREET ADDRESS	2534 ORANGE DRIVE	
CITY-ST-ZIP	MIMS FL 32754	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 32754	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA STATON	
STREET ADDRESS	3685 WOOD DUCK DR.	
CITY-ST-ZIP	MIMS, FL 32754	
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 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 4/2/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)