

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90133 001 \*\*\*\*61.25

**DOCUMENT # N93000002544**

1. Entity Name

**GREATER NEW BETHEL AFRICAN METHODIST EPISCOPAL C**

Principal Place of Business

Mailing Address

20653 FLOYD RD  
 LACOOCHEE FL 33537

PO BOX 818  
 LACOOCHEE FL 33537-0818

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

**59-3282225**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**CUMMINGS, FRANK C**  
**101 E UNION ST., #301**  
**JACKSONVILLE FL 32202**

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GRAHAM, RICHARD</b>	
STREET ADDRESS	<b>20634 MICKENS CIR</b>	
CITY-ST-ZIP	<b>TRILBY FL 33593</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, JAMES</b>	
STREET ADDRESS	<b>36812 FOXGLORE AVE</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33523</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, GREGORY</b>	
STREET ADDRESS	<b>34320 RIDGE MANOR BLVD</b>	
CITY-ST-ZIP	<b>RIDGE MANOR FL 33523</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WORMACK, LILLY</b>	
STREET ADDRESS	<b>20548 WORMACK RD</b>	
CITY-ST-ZIP	<b>LACOOCHEE FL 33537</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRAHAM, WILLIE MAE</b>	
STREET ADDRESS	<b>20634 MICKENS CIRCLE</b>	
CITY-ST-ZIP	<b>TRILBY FL 33593</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, EVELYN W</b>	
STREET ADDRESS	<b>34320 RIDGE MANOR BLVD</b>	
CITY-ST-ZIP	<b>RIDGE MANOR FL 33523</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	
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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)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Richard Graham (Trustee) 4-17-00 (352)**

CR2E037 (9/99)