

2001 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 17, 2001 8:00 am
Secretary of State

04-24-2001 90047 037 ****61.25

DOCUMENT # N93000002544

1. Entity Name

GREATER NEW BETHEL AFRICAN METHODIST EPISCOPAL C

Principal Place of Business

20653 FLOYD RD
 LACOOCHEE FL 33537

Mailing Address

PO BOX 818
 LACOOCHEE FL 33537

43684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3282225

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

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

Graham, Richard
 20634 Mickens Circle
 Trilby, FL 33593

Name

Graham, Richard

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

20634 Mickens Circle

City

Trilby

FL

Zip Code

33593

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

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

(NOTE: Registered Agent signature required when reinstating)

5/03/01

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 ☐ Delete
 NAME S
 STREET ADDRESS GRAHAM, RICHARD
 CITY-ST-ZIP 20634 MICKENS CIR
 TRILBY FL 33593

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DAVIS, JAMES
 CITY-ST-ZIP 36812 FOXGLORE AVE
 DADE CITY FL 33523

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WILLIAMS, GREGORY
 CITY-ST-ZIP 34320 RIDGE MANOR BLVD
 RIDGE MANOR FL 33523

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WORMACK, LILLY
 CITY-ST-ZIP 20548 WORMACK RD
 LACOOCHEE FL 33537

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GRAHAM, WILLIE MAE
 CITY-ST-ZIP 20634 MICKENS CIRCLE
 TRILBY FL 33593

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WILLIAMS, EVELYN W
 CITY-ST-ZIP 34320 RIDGE MANOR BLVD
 RIDGE MANOR FL 33523

TITLE ☐ Change ☐ 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:

RICHARD GRAHAM
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD GRAHAM 4/18/01 (352) 5672084

CR2E037 (10/00)