

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002544

1. Entity Name

GREATER NEW BETHEL AFRICAN METHODIST EPISCOPAL C
HURCH, INC. LACOOCHEE, FLORIDA

Principal Place of Business

Mailing Address

20653 FLOYD RD
LACOOCHEE FL 33537

PO BOX 818
LACOOCHEE FL 33537

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

GRAHAM, RICHARD
20634 MICKENS CIRCLE
TRILBY FL 33593

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

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

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

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

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

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RICHARD GRAHAM 5-12-02 352 583-2289

Date

Daytime Phone #

CR2E037 (9/01)