

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

2/1

02-14-2003 90224 004 ****70.00

DOCUMENT # N94000000357

1. Entity Name

BETHESDA SEVENTH-DAY ADVENTIST MINISTRIES, INC.



Principal Place of Business

**3880 68TH AVENUE NORTH
PINELLAS PARK FL 33780**

Mailing Address

**3880 68TH AVENUE NORTH
PINELLAS PARK FL 33780**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3221248**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLETCHER, CLIVE
328 51ST AVE N.
ST PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name

URIEL A. QAILEY

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

6007 RIVIERA LANE

City

NEW PORT RICHEY

FL

Zip Code

34655

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 11, 2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
QAILEY, URIEL A
6007 RIVIERA LANE
NEW PORT RICHEY FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CALDER, DAWN
7033 MISTLETOE CT
NEW PT RICHEY FL 34653** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FLETCHER, RHONI
328 51ST AVE N.
ST PETERSBURG FL 33703** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FLETCHER, CLIVE
328 51ST AVE N.
ST PETERSBURG FL 33703** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
URIEL A. QAILEY
6007 RIVIERA LANE
NEW PORT RICHEY, FL. 34655** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Dawn Calder
7033 Mistletoe Ct
New Port Richey, FL. 34653** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Rhoni Fletcher
326 51st Ave North
St. Petersburg, FL. 33703** ☒ Change ☐ Addition

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

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

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

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

Feb. 11, 2003

(727) 372-2368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)