

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004150

1. Entity Name

BETHEL BAPTIST ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

1000 THOMAS AVE.
LEESBURG FL 34748

Mailing Address

P O BOX 493211
LEESBURG FL 34749-3211
US

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

59-3184708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEMENTS, LIONEL
1000 THOMAS AVENUE
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name ARTHUR J. CHANDLER

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

112 HUEY STREET

City

WILDWOOD

FL

Zip Code
34785

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 ARTHUR J. CHANDLER, MODERATOR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-2000

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 D ☒ Delete
NAME CLEMENTS, LIONEL
STREET ADDRESS 1000 THOMAS AVE.
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☒ Delete
NAME CHANDLER, ARTHUR J
STREET ADDRESS 1000 THOMAS AVE.
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☒ Delete
NAME ROBINSON, LORENZO
STREET ADDRESS 1000 THOMAS AVE.
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☒ Delete
NAME LEE, BETTY A
STREET ADDRESS 1000 THOMAS AVE.
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☒ Delete
NAME SMITH, DONALD R
STREET ADDRESS 1000 THOMAS AVE.
CITY-ST-ZIP LEESBURG FL 34748

TITLE D/T ☐ Delete
NAME SUTTON, THOMAS H
STREET ADDRESS 1000 THOMAS AVENUE
CITY-ST-ZIP LEESBURG FL 34748

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☒ Change ☐ Addition
NAME ARTHUR J. CHANDLER
STREET ADDRESS 112 HUEY STREET
CITY-ST-ZIP WILDWOOD, FLORIDA 34785

TITLE D/V ☒ Change ☐ Addition
NAME LEVI NELSON
STREET ADDRESS 3275 WREN LANE
CITY-ST-ZIP MULBERRY, FL 33860

TITLE D/V ☒ Change ☐ Addition
NAME ALONZO C. BROWN
STREET ADDRESS 7230 PLANTAIN DRIVE
CITY-ST-ZIP ORLANDO, FL 32818

TITLE D/S ☒ Change ☐ Addition
NAME MARIAN E. WHITEHEAD
STREET ADDRESS 1305 SEMINOLE AVENUE
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D/C ☒ Change ☐ Addition
NAME E. E. CHISHOLM
STREET ADDRESS 1031 S. W. 6th ST.
CITY-ST-ZIP OCALA, FL 32674

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: ARTHUR J. CHANDLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000

Date

(352)

748-1695

Daytime Phone #