

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90102 002 \*\*\*\*61.25

**DOCUMENT # N95000000899**

1. Entity Name

**THE BETHEL COMMUNITY DEVELOPMENT CORPORATION OF**

Principal Place of Business

Mailing Address

%BETHEL AME CHURCH  
 501 W. ORANGE AVE  
 TALLAHASSEE FL 32310

%BETHEL AME CHURCH  
 501 W. ORANGE AVE  
 TALLAHASSEE FL 32310-6830



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

**59-3301835**

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

**GREEN, JOHN F**  
**501 WEST ORANGE AVENUE**  
**TALLAHASSEE FL 32310**

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	PD	<input type="checkbox"/> Delete
NAME	GREEN, JOHN F	
STREET ADDRESS	130 COTILLON CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICHARD, CURTIS	
STREET ADDRESS	533 TUSKEGEE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GAYMON, NICHOLAS	
STREET ADDRESS	1937 VINELAND DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARTHA	
STREET ADDRESS	121 S WHETHERBONE WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richardson, Curtis	
STREET ADDRESS	533 Tuskegee Street	
CITY-ST-ZIP	Tallahassee, FL 32310	
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		
CITY-ST-ZIP		

CR2E037 (9/99)

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

1/14/00 576-7501  
 Date Daytime Phone #