

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90606 023 \*\*\*\*61.25

0014480

**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

**630855**



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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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  Delete  
 NAME GREEN, JOHN F  
 STREET ADDRESS 130 COTILLION CIR  
 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP  Delete  
 NAME RICHARD, CURTIS  
 STREET ADDRESS 533 TUSKEESEE-ST.  
 CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME GAYMON, NICHOLAS  
 STREET ADDRESS 1937 VINELAND DR  
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME ~~WILLIAMS, MARTHA~~  
 STREET ADDRESS ~~121 S WHETHERBONE WAY~~  
 CITY-ST-ZIP ~~TALLAHASSEE FL 32301~~

TITLE TD  Change  Addition  
 NAME Dickens, Bill  
 STREET ADDRESS 2426 Buttonbush Court  
 CITY-ST-ZIP Tallahassee, FL 32308

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 OF JOHN F. GREEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01 850-576-7501  
Date Daytime Phone #

CR2E037 (10/00)