

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-20-2000 90137 014 \*\*\*\*61.25

**DOCUMENT # N96000002666**

1. Entity Name

**BETHEL ASSEMBLY OF GOD CHURCH, INC.**

**00040687**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>BETHEL A/G CHURCH INC 119 CR 315 N INTERLACHEN FL 32148 US</b>	Mailing Address <b>PO BOX 1028 INTERLACHEN FL 32148-1028</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2477138</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, JERRY  
119 CR 315 N  
INTERLACHEN FL 32148**

7. Name and Address of New Registered Agent

Name Gordon McInnis  
 Street Address (P.O. Box Number is Not Acceptable)  
119 CR 315 N  
Interlachen, FL  
 City Interlachen, FL Zip Code 32148

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MOBLEY, BOBBY L</b>	
STREET ADDRESS	<b>111 CRESTWOOD DRIVE</b>	
CITY-ST-ZIP	<b>INTERLACHEN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLOUNT, DEWEY</b>	
STREET ADDRESS	<b>P.O. BOX 403</b>	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FOSTER, JERRY</b>	
STREET ADDRESS	<b>139 MANGLES DR</b>	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRADY, MIKE</b>	
STREET ADDRESS	<b>23003 NE 112TH CT.</b>	
CITY-ST-ZIP	<b>FT. MCLOY FL 32134</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WEAVER, TROY</b>	
STREET ADDRESS	<b>127 OAK DR</b>	
CITY-ST-ZIP	<b>INTERLACHEN FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gordon McInnis</b>	
STREET ADDRESS	<b>100 Crestwood Drive</b>	
CITY-ST-ZIP	<b>Interlachen, FL 32148</b>	
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		

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] **NOTARIAL SEAL REQUIRED** 3/8/00 (904) 689-6178  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)