

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003794

1. Entity Name

BETHLEHEM TEMPLE CHURCH OF CHRIST, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90012 039 ****70.00

Principal Place of Business

Mailing Address

5931 MELSON
JACKSONVILLE FL 32207

P.O. BOX 16702
ST. PETERSBURG FL 33733-6702

2. Principal Place of Business

2060 First Avenue So.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg, Fla.

City & State

4. FEI Number

59-3393614

Applied For

Not Applicable

Zip

33713

Country

USA

Zip

Country

Pinellas

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

ANDERSON, JAMES W BISHOP
3012 N. 22ND STREET
TAMPA FL 33605

Name

Carol O. Byrd

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

4627 Columbus Way South

City

St. Petersburg, Fla. FL

Zip Code

33712

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

Carol O. Byrd

Carol O. Byrd

1-27-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARR, LEDELL 2045 15TH AVE. SO. ST PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, PATRICIA E 5812 16TH LANE SO., UNIT 1 ST PETERSBURG FL 33712	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZITOWITZ, DORIS W 3735 42ND WAY SO. #C ST PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCH, HOMER 16014 DETROIT ST JACKSONVILLE FL 32254	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, SAMMIE L 418 W. 16TH ST. JACKSONVILLE FL 32208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(address) Change <input type="checkbox"/> Addition
	2060 First Avenue South St. Petersburg, Florida 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Brown, Geraldine 550 110th Avenue North St. Petersburg, Florida 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilkerson, Christopher 225 73rd Avenue North #316 St. Petersburg, Florida 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jackson, Amos 1107 56th Street South Gulfport, Florida 33707
TITLE 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: *LeDeLL Carr* LeDeLL Carr, P/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2000 (727)865-9074

Date

Daytime Phone #

CR2E037 (9/99)