

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91183 007 ****70.00

DOCUMENT # N96000003794

1. Entity Name

BETHLEHEM TEMPLE CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

**2060 FIRST AVENUE SOUTH
 SAINT PETERSBURG FL 33713**

**P.O. BOX 16702
 ST. PETERSBURG FL 33733**

00105144



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

59-3393614

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

**BYRD, CAROL O
 4627 COLUMBUS WAY SOUTH
 SAINT PETERSBURG FL 33712**

Name

Same

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

4014 22nd Avenue North

City

St. Petersburg

FL

Zip Code

33713

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

4/15/02

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	CARR, LEDELL	
STREET ADDRESS	2060 FIRST AVENUE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, GERALDINE	
STREET ADDRESS	500 110TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZITOWITZ, DORIS W	
STREET ADDRESS	3735 42ND WAY SO. #C	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKERSON, CHRISTOPHER	
STREET ADDRESS	225 73RD AVENUE NORTH #316	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, AMOS	
STREET ADDRESS	1107 56TH STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

4/15/02 (727)452-4154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)