

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90043 047 ****61.25

DOCUMENT # N96000006374

1. Entity Name

THE BETHANY BAPTIST CHURCH CEMETARY MAINTENANCE

Principal Place of Business

Mailing Address

26618 STATE ROAD 64 EAST
 MYAKKA CITY FL 34251

26618 STATE ROAD 64 EAST
 MYAKKA CITY FL 34251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, G. JOSEPH
1206 MANATE AVE. WEST
BRADENTON FL 34205

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 NAME	D HENDRY, A.O.	<input type="checkbox"/> Delete
STREET ADDRESS	2210 RICH ROAD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE NAME	D HAYDEN, T.G.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1519-31ST AVE. EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE NAME	D HINE, CLYDE	<input type="checkbox"/> Delete
STREET ADDRESS	3135 NORTH RYE ROAD	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE NAME	D WINGATE, RODNEY	<input type="checkbox"/> Delete
STREET ADDRESS	26618 STATE ROAD 64 EAST	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE NAME	D WINGATE, JACQUELYN W	<input type="checkbox"/> Delete
STREET ADDRESS	26618 STATE ROAD 64 EAST	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D WINGATE, DEAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	27248-S.R. 64 E.	
CITY-ST-ZIP	MYAKKA CITY, FL 34251	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jacquelyn W. Wingate, Director*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 941-322-2325
 Date Daytime Phone #

CR2E037 (10/00)