

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004773

1. Entity Name
BETHEL COMMUNITY DEVELOPMENT, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90178 039 ****70.00

Principal Place of Business

**405 NW ESTHER ROLLE AVE.
POMPANO BEACH FL 33060**

Mailing Address

**P. O. BOX 2151
POMPANO BEACH FL 33061
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

405 NW Esther Rolle Ave

Suite, Apt. #, etc.

City & State

Pompano Beach

Zip
33060

Country
USA

4. FEI Number

31-1574891

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SATCHEL, FRANK R
405 NW ESTHER ROLLE AVE.
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SATCHEL, FRANK R
405 NW ESTHER ROLLE AVE.
POMPANO BEACH FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MANUEL, MARIE
213 NW 7TH ST.
POMPANO BEACH FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SWORN, SAMUEL
1508 NW 3RD WAY
POMPANO BEACH FL 33060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Frank R. Satchel

Frank R. Satchel

01/16/02

954 943-6220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)