

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 01-26-2000 90134 050 \*\*\*\*61.25

**DOCUMENT # N97000005373**

1. Entity Name

**BETHANY TEMPLE CHURCH OF GOD, TARPON SPRINGS, IN**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P O BOX 429  
 TARPON SPRINGS FL 34688-0429  
 US

Mailing Address

P O BOX 429  
 TARPON SPRINGS FL 34688-0429  
 US

2. Principal Place of Business

**P.O. Box 429**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Tarpon Springs, Fl.**

City & State

Zip

Country

4. FEI Number

**59-2265812**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEFINO, F D**  
**401 NORTH DISSTON AVENUE**  
**TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **Defino, F D**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5706 Ivy Lane**

City **Holiday** State **FL** Zip **34690**

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	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	DE FINO, DONALD	5706 IVY LANE	HOLIDAY FL 34690	<input type="checkbox"/>	<input type="checkbox"/>
T	MORRIS DIXON	3427 TIKI DR	HOLIDAY FL 34690	<input type="checkbox"/>	<input type="checkbox"/>
T	VERLON WELLS	4715 MADISON AVE	NEW PT. RICHEY FL 34652	<input type="checkbox"/>	<input type="checkbox"/>
T	LARRY SMITH	2378 BENTLY DR	PALM HARBOR FL 34684	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **DONALD DE FINO** **1-13-00** **727/937-3871**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #