

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000005373

FILED  
Jun 08, 2002 8:00 AM  
Secretary of State

**Entity Name:** BETHANY TEMPLE CHURCH OF GOD, TARPON SPRINGS, INC.

**Current Principal Place of Business:**

P O BOX 429  
TARPON SPRINGS, FL 346880429 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 429  
TARPON SPRINGS, FL 346880429 US

**New Mailing Address:**

FEI Number: 59-2265812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEFINO, F D  
5706 IVY LN  
HOLIDAY, FL 34690

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DE FINO, DONALD  
Address: 5706 IVY LANE  
City-St-Zip: HOLIDAY, FL 34690

Title: T ( ) Delete  
Name: MORRIS DIXON,  
Address: 3427 TIKI DR  
City-St-Zip: HOLIDAY, FL 34690

Title: T ( ) Delete  
Name: VERLON WELLS,  
Address: 4715 MADISON AVE  
City-St-Zip: NEW PT RICHEY, FL 34652

Title: T ( ) Delete  
Name: LARRY SMITH,  
Address: 2378 BENTLY DR  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY SMITH

T

06/08/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date