

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90138 045 \*\*\*\*61.25

0016188

**DOCUMENT # N97000005373**

1. Entity Name  
**BETHANY TEMPLE CHURCH OF GOD, TARPON SPRINGS, IN C.**



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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2265812**

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  
**DEFINO, F D  
5706 IVY LN  
HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**7836 Bengal Lane**

City **New Port Richey** FL Zip Code **34654**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **F. DONALD DEFINO** **9/4/03 707/937-3821**

**SEAL OF THE STATE OF FLORIDA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)