

2002 UNIFORM BUSINESS REPORT (UBR)

0058735

DOCUMENT # N98000002254

1. Entity Name

BETHEL CHURCH OF PALM COAST, FLORIDA, INC.

02 DEC -9 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 51 NORTH OLD KINGS ROAD PALM COAST FL 32137	Mailing Address P.O. BOX 1580 BUNNELL FL 32110
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-3542647	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GIDDENS, FRANK
80 KNOX JONES ROAD
ESPANOLA FL 32110

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 12/5/02
Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD GIDDENS, FRANK P.O. BOX 1580 N/A BUNNELL FL 32110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADERHOLD, JUDY PO BOX 1580 BUNNELL FL 32110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHIPP, DAVID 7 FARRAGUT DRIVE PALM COAST FL 32137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dora H. Giddens 91 Ryeclyffe Dr Palm Coast, FL 32164-6433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Marshall, Francina 568 Espanola Road Bunnell FL 32110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600009420236 12/09/02--01078--002 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 12/5/02 386-437-5379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

December 5, 2002

TO: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32134

FROM: Frank Giddens
Rev. Frank Giddens
Bethel Church of Palm Coast, Inc.
P.O. Box 1580
Bunnell, FL 32110

This letter is written to explain why I did not complete the 2002 Uniform Business Report by the deadline date. I have been experiencing a health crisis, which involved a serious liver condition. Because of this liver disease, I am now in the midst of receiving a liver transplant.

I've been in contact with your office, by phone, and was advised to write this letter explaining why I was unable to complete this report in the required timeframe. The same young lady advised me on today, December 5, 2002, to submit this letter, along with the reinstatement fee and papers, as soon as possible.

Please feel free to contact my physician, Dr. Morris Carter: ATTN: Cindy @ (386) 437-3341.

Thank you for your prayers.