

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003207

1. Entity Name

BIBLEWAY INSTITUTIONAL CHURCH, INC.

Principal Place of Business

4500 W. COLUMBIA ST.
ORLANDO FL 32811

Mailing Address

P.O. BOX 680549
ORLANDO FL 32868-0549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3506710

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

7. Name and Address of New Registered Agent

DORSEY, LARRY W
3426 PIPES O' THE GLEN WAY
ORLANDO FL 32808-3609

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DORSEY, LARRY W PASTOR
STREET ADDRESS 3426 PIPES O' THE GLEN WAY
CITY-ST-ZIP ORLANDO FL 32808-3609

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

TITLE VSD ☐ Delete
NAME DORSEY, BEULAH C
STREET ADDRESS 3426 PIPES O THE GLEN WAY
CITY-ST-ZIP ORLANDO FL 32808-3609

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

TITLE TD ☐ Delete
NAME BOWDERY, STARLETHA T
STREET ADDRESS 3291 EL SEGUNDO WAY
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE TD ☐ Delete
NAME Jacqueline M. Glover
STREET ADDRESS 5126 Lescot Lane
CITY-ST-ZIP Orlando, FL 32811

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Beulah C. Dorsey, Secretary, 4-9-01 407-836-9140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90110 007 ****61.25



DO NOT WRITE IN THIS SPACE