1/20/00-90102-004-$61.25-$61.25

(1)

DOCUMENT # N98000004565

1. Entity Name

BETHEL BY THE LAKE, INC.

FILED
00 MAR -6 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
501 W. ORANGE AVE. TALLAHASSEE FL 32310	501 W. ORANGE AVE. TALLAHASSEE FL 32310-6830

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **APPLIED FOR** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCER, GWENDOLYN J
3648 SHAMROCK WEST
TALLAHASSEE FL 32308

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 _____ 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

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	P GREEN, JOHN F 501 W. ORANGE AVE. TALLAHASSEE FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WEBSTER, JOSEPH L SR 4891 HIGHGROVE ROAD TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PETTIES, SYLVIA G 3203 WHEATLEY ROAD TALLAHASSEE FL 32310	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S McGowan, Patricia 2914 Morningside Drive Tallahassee, FL 32301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOUD, IRWIN C 1741 BROOKSIDE BLVD. TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T A. Lanier Jones 2928 Edenberry Drive Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD CARR, WILMON E 1221 COLEMAN STREET TALLAHASSEE FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD HILL, ROSALIE A 715 SPRINGSAX ROAD TALLAHASSEE FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition SP

CR2E037 (9/99)

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: SIGNATURE REQUIRED 1/14/00 576-7501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

Form **SS-4** (Rev. February 1998)

Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

PLEASE TYPE OR PRINT CLEARLY

1 Name of applicant (legal name) (see instructions)
Bethel By The Lake, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
N/A

4a Mailing address (street address) (room, apt., or suite no.)
501 West Orange Avenue

5a Business address (if different from address on lines 4a and 4b)
351 WOW Road

4b City, state, and ZIP code
Tallahassee, FL 32310

5b City, state, and ZIP code
Tallahassee, FL 32308

6 County and state where principal business is located
Leon

7 Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions) ▶
John F. Green, Board Chairman

8a Type of entity (Check only one box.) (see instructions)

Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- [ ] Sole proprietor (SSN) _____
- [ ] Partnership
- [ ] REMIC
- [ ] State/local government
- [ ] Personal service corp.
- [ ] National Guard
- [ ] Farmers cooperative
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) _____
- [ ] Other (specify) ▶
- [ ] Estate (SSN of decedent) _____
- [ ] Plan administrator (SSN) _____
- [ ] Other corporation (specify) ▶ _____
- [ ] Trust
- [ ] Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)

- [ ] Banking purpose (specify purpose) ▶
- [X] Started new business (specify type) ▶
- [ ] Changed type of organization (specify new type) ▶
- [ ] Purchased going business
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Created a trust (specify type) ▶
- [ ] Created a pension plan (specify type) ▶
- [ ] Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
August 7, 1998

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-* (see instructions) ▶	Nonagricultural	Agricultural	Household
	7		

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing? [ ] Yes [X] No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.
[X] Public (retail) [ ] Other (specify) ▶ [ ] Business (wholesale) [ ] N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? [ ] Yes [X] No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ N/A Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
N/A		

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(850) 576-7501

Fax telephone number (include area code)
(850) 576-8223

Name and title (Please type or print clearly.) ▶ John F. Green, Board Chairman

Signature ▶ John F. Green Date ▶ 3/1/2000

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo	Ind.	Class	Size	Reason for applying