

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005494

1. Entity Name

BETHEL ASSEMBLY OF GOD OF
OKEECHOBEE, INC.

Principal Place of Business

1109 SE 7th Street,
OKEECHOBEE, FL., 34974

Mailing Address

P.O. Box 1229,
OKEECHOBEE,
FL., 34973

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

65-0879217

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C. EDWARD LAMB,
3617 SW 13th TERRACE,
OKEECHOBEE,
FL., 34974

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

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

TITLE PD
NAME LAMB, C. EDWARD ☐ Delete
STREET ADDRESS 3617 SW 13th TERRACE
CITY-ST-ZIP OKEECHOBEE, FL., 34974

TITLE V.D.
NAME PRITCHARD, LOWELL H. ☐ Delete
STREET ADDRESS 32801 HWY 441 N., INDIAN HAMMOCK, LOT 461
CITY-ST-ZIP OKEECHOBEE, FL., 34972

TITLE DT
NAME BURK, DONALD (DALE) ☐ Delete
STREET ADDRESS 402 SW 11th AVENUE
CITY-ST-ZIP OKEECHOBEE, FL., 34974

TITLE SD
NAME BRIOSCHI, EUGENE M. ☐ Delete
STREET ADDRESS 32801 HWY. 441 N., INDIAN HAMMOCK, Lot 268
CITY-ST-ZIP OKEECHOBEE, FL., 34972

TITLE D
NAME WHITAKER, DONALD E. ☐ Delete
STREET ADDRESS 2075 S.W. 21st STREET
CITY-ST-ZIP OKEECHOBEE, FL., 34974

TITLE D
NAME TARNER, JAMES R. ☒ Delete
STREET ADDRESS 1110 NW 5th STREET
CITY-ST-ZIP OKEECHOBEE, FL., 34972

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 800004448538-3
STREET ADDRESS -06/28/01--01010--014
CITY-ST-ZIP *****131.25 *****131.25

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

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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: C. E. Lamb. C. EDWARD LAMB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2001 863 467 0123

Date

Daytime Phone #

CR2E037 (11/00)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 23 PM 3:10

DO NOT WRITE IN THIS SPACE

00-01