

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005494

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 23 PM 3:10

1. Entity Name

BETHEL ASSEMBLY OF GOD OF OKEECHOBEE, INC.

Principal Place of Business

1109 SE 7<sup>th</sup> 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

4. FEI Number

65-0879217

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00-01

6. Name and Address of Current Registered Agent

C. EDWARD LAMB,  
3617 SW 13<sup>th</sup> 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	<input type="checkbox"/> Delete
NAME	LAMB, C. EDWARD	
STREET ADDRESS	3617 SW 13 <sup>th</sup> TERRACE	
CITY-ST-ZIP	OKEECHOBEE, FL., 34974	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRITCHARD, LOWELL H.	
STREET ADDRESS	32801 Hwy 441 N., INDIAN HAMMOCK, LOT 267	
CITY-ST-ZIP	OKEECHOBEE, FL., 34972	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BURK, DONALD (DALE)	
STREET ADDRESS	402 SW 11 <sup>th</sup> AVENUE	
CITY-ST-ZIP	OKEECHOBEE, FL., 34974	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRIOSCHI, EUGENE M.	
STREET ADDRESS	32801 Hwy. 441 N., INDIAN HAMMOCK, Lot 268	
CITY-ST-ZIP	OKEECHOBEE, FL., 34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, DONALD E.	
STREET ADDRESS	2075 S.W. 21 <sup>st</sup> STREET,	
CITY-ST-ZIP	OKEECHOBEE, FL., 34974	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TARNER, JAMES R.	
STREET ADDRESS	1110 NW 5 <sup>th</sup> STREET	
CITY-ST-ZIP	OKEECHOBEE, FL., 34972	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800004448538--3
STREET ADDRESS	-06/28/01--01010--014
CITY-ST-ZIP	****131.25 ****131.25
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: C. E. Lamb, C. EDWARD LAMB

3-17-2001 863 467 0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)