2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001432

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90005 008 ****61.25

1. Entity Name

BETHEL BAPTIST CHURCH, INCORPORATED, OF GRACEVIL

Principal Place of Business	Mailing Address
RT 2 BOX 108 GRACEVILLE FL 32440	RT 2 BOX 108 GRACEVILLE FL 32440-9802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1349 Hwy. 173 Suite, Apt. #, etc.	1349 Hwy. 173 Suite, Apt. #, etc.
City & State: Graceville, FL 32440	City & State: Graceville, FL 32440
Zip / Country: USA	Zip / Country: USA

4. FEI Number: 59-2338851 ☐ Applied For ☐ Not Applicable

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
ARNOLD, MIKE RT 2 BOX 278 GRACEVILLE FL 32440	Name: Mike Arnold Street Address (P.O. Box Number is Not Acceptable): 3846 Cty Rd. City: Graceville, FL FL Zip Code: 32440

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARNOLD, MIKE RT 2 BOX 278 GRACEVILLE FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition arnold, mike 3846 Cty Rd Graceville, FL 32440 address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSH, DURRELL RT 2 BOX 62 GRACEVILLE FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Bush, Durrell 3634 Bush Rd Graceville, FL 32440 address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEST, JAMES RT 2 BOX 321 GRACEVILLE FL 32440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Best, James 3850 Hwy. 2 Graceville, FL 32440 address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mike Arnold SIGNATURE REQUIRED 1-12-00 850-263-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #