

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000006672**

1. Entity Name

BETHANY LAW AND COUNSELING CENTER, INC.

Principal Place of Business

**1100 DORCHESTER ROAD
WEST MELBOURNE FL 32904**

Mailing Address

**1100 DORCHESTER ROAD
WEST MELBOURNE FL 32904**

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

59-3617919

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
GUINN, WAYNE A DR
3675 WHISPERWOOD CIRCLE
MELBOURNE FL 32901** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
GUINN, LINDA
3675 WHISPERWOOD CIRCLE
MELBOURNE FL 32901** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
HEDMAN, G.W.
877 N. MIRAMAR STE 1106
INDAILANTIC FL 32903** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
HEDMAN, EVELYN
877 N. MIRAMAR STE 1106
INDAILANTIC FL 32903** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

G. W. HEDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-956-9786**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90320 036 ****61.25

629759

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)