

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 744829
 1. Entity Name
BETHEL FREE METHODIST CHURCH, INC.



Principal Place of Business 303 JACKSON STREET PO BOX 213 MOUNT DORA, FL 32757	Mailing Address 303 JACKSON STREET PO BOX 213 MOUNT DORA, FL 32757
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07132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 WATSON, RUTHIE
 1650 TREMAIN STREET
 MOUNT DORA, FL 32757

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ruthie A. Watson (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

8/10/04

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, RUTHIE 1650 TREMAIN STREET MOUNT DORA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSS, SALLY TERRELL ROAD MT DORA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS BELL, JIMMIE L 733 FLORIDA AVENUE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, ROBERTS 1320 E PINE AVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000170851
 08/25/04-80002-021 61.25

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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: Ruthie A. Watson DATE: 7/28/04 352-383-375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day's Daytime Phone #