

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

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



07132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**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*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

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 D  
NAME WATSON, RUTHIE  
STREET ADDRESS 1650 TREMAIN STREET  
CITY-ST-ZIP MOUNT DORA, FL

TITLE TD  
NAME MOSS, SALLY  
STREET ADDRESS TERRELL ROAD  
CITY-ST-ZIP MT DORA, FL 00000,

TITLE TDS  
NAME BELL, JIMMIE L  
STREET ADDRESS 733 FLORIDA AVENUE  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE S  
NAME MOORE, ROBERTS  
STREET ADDRESS 1320 E PINE AVE  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000170851  
08/25/04-80002-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/28/04 352-383-375*

Date

Daytime Phone #