

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 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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07082005 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
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	

<p>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</p> <p>DO NOT WRITE IN THIS SPACE</p>

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07/20/05-80005-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jimmie Lee Bell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *James P. McNamee - Finance Officer* *7-12-05*
Date Daytime Phone #