

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744829

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: BETHEL FREE METHODIST CHURCH, INC.

## Current Principal Place of Business:

303 JACKSON STREET  
PO BOX 213  
MOUNT DORA, FL 32757

## New Principal Place of Business:

303 JACKSON STREET  
MOUNT DORA, FL 32757

## Current Mailing Address:

303 JACKSON STREET  
PO BOX 213  
MOUNT DORA, FL 32757

## New Mailing Address:

P O BOX 213  
MOUNT DORA, FL 32756

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, RUTHIE  
1650 TREMAIN STREET  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

NEWELL, WALTER  
301 LILY PAD LANE  
EUSTIS, FL 32726 US

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: WALTER NEWELL

01/16/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WATSON, RUTHIE  
Address: 1650 TREMAIN STREET  
City-St-Zip: MOUNT DORA, FL

Title: TD ( ) Delete  
Name: MOSS, SALLY,  
Address: TERRELL ROAD  
City-St-Zip: MT DORA, FL 00000,

Title: TDS ( ) Delete  
Name: BELL, JIMMIE L  
Address: 733 FLORIDA AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

Title: S ( ) Delete  
Name: MOORE, ROBERTS  
Address: 1320 E PINE AVE  
City-St-Zip: MOUNT DORA, FL 32757

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: FD (X) Change ( ) Addition  
Name: MCNAIR, KEITH  
Address: 1259 E GRANT AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

Title: VP (X) Change ( ) Addition  
Name: MOSS, SALLY,  
Address: 6301 TERRELL ROAD  
City-St-Zip: MT DORA,, FL 32757

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: NEWELL, WALTER  
Address: 301 LILY PAD LANE  
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER NEWELL

PD

01/16/2007

Electronic Signature of Signing Officer or Director

Date