


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90051 019 ****61.25

DOCUMENT # N01000004135

1. Entity Name
BETHEL UNITED METHODIST CHURCH OF LAKE CITY, INC.



Principal Place of Business
**C/O REV. KEN HAMILTON
 ROUTE 10, BOX 35206
 LAKE CITY, FL 32025**

Mailing Address
**C/O REV. KEN HAMILTON
 ROUTE 10, BOX 35206
 LAKE CITY, FL 32025**

40037582



2. Principal Place of Business
C/O Rev. Ken Hamilton

3. Mailing Address
C/O Rev. Ken Hamilton

Suite, Apt. #, etc.
265 SW Maryland Lane

03072005 Chg-NP CR2E037 (10/03)

City & State
Lake City, FL

City & State
Lake City, FL

Zip
32025

Country
USA

4. FEI Number
59-2967184

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WILLIAMS, AL
 412 S.E. LEHIGH LANE
 LAKE CITY, FL 32025**

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

SIGNATURE *Al Williams* **3-7-05**
 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 **May 1, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, GEORGE W RT 2 BOX 352 LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George W. Hogan 256 SW Herlong St. Lake City, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEEN, SHIRLEY RT 14 BOX 482 LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Keen, Shirley 1245 SW Co. Rd. 240 Lake City, FL 32055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, AL 412 SE LEHIGH LANE LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, JUNE ROUTE 9 BOX 3669 LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Olson, June 1935 SW Western Dr. Lake City, FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLEY, RAYMOND 435 PINE STREET LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raymond Colley 337 SE Pine Dr. Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYDE, DONNA ROUTE 6, BOX 387T LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donna Hyde 982 SE Racetrack Lane Lake City, FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Al Williams* **3-7-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #