


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90248 032 ****61.25

DOCUMENT # N01000004135 1. Entity Name BETHEL UNITED METHODIST CHURCH OF LAKE CITY, INC.					
Principal Place of Business C/O REV. KEN HAMILTON 265 SW MARYLAND LN LAKE CITY, FL 32025			Mailing Address C/O REV. KEN HAMILTON 265 SW MARYLAND LN LAKE CITY, FL 32025		
2. Principal Place of Business 4869 U.S. 441 South Suite Apt. # etc. 4843 (2 buildings)		3. Mailing Address P.O. Box 1833 Suite, Apt. #, etc.			
City & State Lake City FL		City & State Lake City FL		4. FEI Number 59-2967184	
Zip 32025		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$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 Margaret H. Lee Street Address (P.O. Box Number is Not Acceptable) 1409 SE Inglewood Ave City Lake City FL Zip Code 32025	
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 Margaret H. Lee 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 256 SW HERLONG ST 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 type="checkbox"/> Delete			
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	D OLSON, JUNE 1935 SW WESTERN DR LAKE CITY, FL 32024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLEY, RAYMOND 337 SE PINE DR LAKE CITY, FL 32025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYDE, DONNA 982 SE RACETRACK LN LAKE CITY, FL 32025	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Margaret H. Lee 4/26/06 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			

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