2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000004135

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

Principal Place of Business	Mailing Address
4869 US 441 S. 4843 (2 BUILDINGS) LAKE CITY, FL 32025	PO BOX 1833 LAKE CITY, FL 32056

: 40041510

01222007   Chg-NP   CR2E037 (12/06)

4. FEI Number
59-2967184   ☐ Applied For / ☐ Not Applicable

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAR, MARGARET H. 1409 SE INGLEWOOD AVE LAKE CITY, FL 32025	Name Al A. Williams Street Address (P.O. Box Number is Not Acceptable) 412 SE Lehigh Lane 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 _Al A. Williams_   DATE 3-23-07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 **Due by May 1, 2007**	**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	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	HOGAN, GEORGE W		NAME	Harveida Faris	
STREET ADDRESS	256 SW HERLONG ST		STREET ADDRESS	259 SW Libert Glen	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	Lake City, Fl 32025	
TITLE	S	☒ Delete	TITLE	S	☒ Change ☐ Addition
NAME	KEEN, SHIRLEY		NAME	Tammy Grosskopf	
STREET ADDRESS	1245 SW CO RD 240		STREET ADDRESS	13009 NW 214th Terrace	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	High Springs, Fl 32643	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, AL		NAME		
STREET ADDRESS	412 SE LEHIGH LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	OLSON, JUNE		NAME	Richard Jones	
STREET ADDRESS	1935 SW WESTERN DR		STREET ADDRESS	1206 SW Wendy Terrace	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	Lake City, Fl. 32025	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	COLLEY, RAYMOND		NAME	E.C. Denmark	
STREET ADDRESS	337 SE PINE DR		STREET ADDRESS	701 SW Wester Drive	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	Lake City, Fl 32024	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	HYDE, DONNA		NAME	Burkett Neely	
STREET ADDRESS	982 SE RACETRACK LN		STREET ADDRESS	582 SW Bluff Drive	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	Ft. White, Fl. 32038	

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.

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SIGNATURE: _Al A. Williams_   3-23-07   758-2340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #