
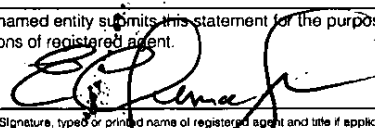
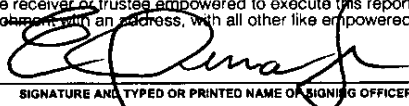


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90071 038 ****61.25

DOCUMENT # N01000004135			
1. Entity Name BETHEL UNITED METHODIST CHURCH OF LAKE CITY, INC.			
Principal Place of Business 4869 US 441 S. 4843 (2 BUILDINGS) LAKE CITY, FL 32025		Mailing Address PO BOX 1833 LAKE CITY, FL 32056	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4843 S US HWY 441	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE CITY FL		4. FEI Number 59-2967184	
Zip 32025	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, AL A 412 SE LEHIGH LANE LAKE CITY, FL 32025		7. Name and Address of New Registered Agent Name: E.C. DENMARK Street Address (P.O. Box Number is Not Acceptable): 701 SW WESTER DR City: LAKE CITY FL Zip Code: 32024	
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: 		DATE: 4-29-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: HARVEIDA, FARIS STREET ADDRESS: 259 SW LIBER GLEN CITY-ST-ZIP: LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: MARGIE LEE STREET ADDRESS: 1409 SE INGLEWOOD AVE CITY-ST-ZIP: LAKE CITY FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: GROSSKOPF, TAMMY STREET ADDRESS: 13009 NW 214TH TERR CITY-ST-ZIP: HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete	TITLE: D NAME: JAMES MELTON STREET ADDRESS: 986 SW RIVERSIDE AVE CITY-ST-ZIP: FT WHITE FL 32038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: WILLIAMS, AL STREET ADDRESS: 412 SE LEHIGH LANE CITY-ST-ZIP: LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: RICHARD HODGKINS STREET ADDRESS: 3978 2004 ST. CITY-ST-ZIP: LAKE CITY FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DENMARK, E.C. STREET ADDRESS: 701 SW WESTER DR CITY-ST-ZIP: LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE: P NAME: EC DENMARK STREET ADDRESS: 701 SW WESTER DR CITY-ST-ZIP: LAKE CITY FL 32024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BURKETT, NEELY STREET ADDRESS: 582 SW BLUFF DR CITY-ST-ZIP: FORT WHITE, FL 32038	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		DATE: 4-29-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	