


**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

Zip  
 32025

Country

Country



03242008 Chg-NP CR2E037 (12/06)

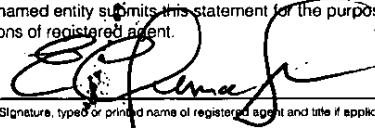
4. FEI Number  
 59-2967184

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, AL A 412 SE LEHIGH LANE LAKE CITY, FL 32025	Name E.C. DENMARK
	Street Address (P.O. Box Number is Not Acceptable) 701 SW WESTER DR
	City LAKE CITY
	State 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

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, 2008

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	HARVEIDA, FARIS 259 SW LIBER GLEN LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE D	MARGIE LEE 1409 SE INGLEWOOD AVE LAKE CITY FL 32025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	GROSSKOPF, TAMMY 13009 NW 214TH TERR HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE D	JAMES MELTON 986 SW RIVERSIDE AVE FT WHITE FL 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	WILLIAMS, AL 412 SE LEHIGH LANE LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE D	RICHARD HODGKINS 3978 2004 ST. LAKE CITY FL 32024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	DENMARK, E.C. 701 SW WESTER DR LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE P	E.C. DENMARK 701 SW WESTER DR LAKE CITY FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	BURKETT, NEELY 582 SW BLUFF DR FORT WHITE, FL 32038 <input type="checkbox"/> Delete	TITLE D	

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 #