
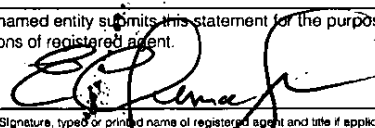
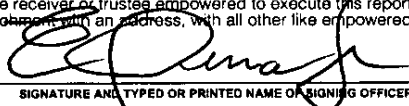


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		City & State LAKE CITY FL	
Zip	Country	Zip	Country
		32025	
4. FEI Number 59-2967184		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
		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. <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	D HARVEIDA, FARIS <input checked="" type="checkbox"/> Delete	TITLE	D MARGIE LEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEIDA, FARIS	NAME	MARGIE LEE
STREET ADDRESS	259 SW LIBER GLEN	STREET ADDRESS	1409 SE INGLEWOOD AVE
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	LAKE CITY FL 32025
TITLE	S GROSSKOPF, TAMMY <input type="checkbox"/> Delete	TITLE	
NAME	GROSSKOPF, TAMMY	NAME	
STREET ADDRESS	13009 NW 214TH TERR	STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	CITY-ST-ZIP	
TITLE	P WILLIAMS, AL <input checked="" type="checkbox"/> Delete	TITLE	D JAMES MELTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, AL	NAME	JAMES MELTON
STREET ADDRESS	412 SE LEHIGH LANE	STREET ADDRESS	986 SW RIVERSIDE AVE
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	FT WHITE FL 32038
TITLE	D JONES, RICHARD <input checked="" type="checkbox"/> Delete	TITLE	D RICHARD HODGKINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RICHARD	NAME	RICHARD HODGKINS
STREET ADDRESS	1206 SW WENDY TERR	STREET ADDRESS	3978 2004 ST.
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	LAKE CITY FL 32024
TITLE	D DENMARK, E.C. <input type="checkbox"/> Delete	TITLE	P EC DENMARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENMARK, E.C.	NAME	EC DENMARK
STREET ADDRESS	701 SW WESTER DR	STREET ADDRESS	701 SW WESTER DR
CITY-ST-ZIP	LAKE CITY, FL 32024	CITY-ST-ZIP	LAKE CITY FL 32024
TITLE	D BURKETT, NEELY <input type="checkbox"/> Delete	TITLE	
NAME	BURKETT, NEELY	NAME	
STREET ADDRESS	582 SW BLUFF DR	STREET ADDRESS	
CITY-ST-ZIP	FORT WHITE, FL 32038	CITY-ST-ZIP	
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 #	