

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004135

FILED  
Mar 18, 2010  
Secretary of State

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

**Current Principal Place of Business:**

4869 US 441 S.  
4843 (2 BUILDINGS)  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

4843 S US HWY 441  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 59-2967184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THRASHER, C.W.  
6371 S US HWY 441  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: CLARK, CINDY  
Address: 204 SW KIMBERLY LANE  
City-St-Zip: LAKE CITY, FL 32024

Title: T  
Name: POLK, JASON  
Address: 25078 NE STATE RD 16  
City-St-Zip: RAIFORD, FL 32083

Title: T  
Name: WHIDDON, ROGER  
Address: 582 BROOK LOOP  
City-St-Zip: LAKE CITY, FL 32055

Title: T  
Name: HODGKINS, RICHARD  
Address: 3978 200TH ST  
City-St-Zip: LAKE CITY, FL 32024

Title: C  
Name: THRASHER, C.W.  
Address: 6371 S US HWY 441  
City-St-Zip: LAKE CITY, FL 32025

Title: T  
Name: WILLIAMS, WAYNE  
Address: 587 SW RIDGE ST  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: C. W. THRASHER

TRUS

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date