

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02424

FILED  
Apr 02, 2011  
Secretary of State

**Entity Name:** BETHEL CHRISTIAN METHODIST EPISCOPAL CHURCH INC.

**Current Principal Place of Business:**

1719 22ND STREET  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 48295  
SARASOTA, FL 34278 US

**New Mailing Address:**

PO BOX 48295  
SARASOTA, FL 34230 US

**FEI Number:** 65-0160450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KNIGHT, NANCY J  
1777 18TH ST  
SARASOTA, FL 34234 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: PTR  
Name: THOMAS, PRECIOUS  
Address: 2724 24TH STREET  
City-St-Zip: SARASOTA, FL 34234

Title: TD  
Name: JORDAN, JAMES  
Address: 1348 14TH STREET  
City-St-Zip: SARASOTA, FL 34234

Title: CT  
Name: FORD, SIMON  
Address: 1390 MYRTLE  
City-St-Zip: SARASOTA, FL 34234

Title: D  
Name: HAMILTON, ALBERTA  
Address: 3003 GILLESPIE AVE  
City-St-Zip: SARASOTA, FL 34234

Title: SD  
Name: SERMON, GWEN  
Address: 2517 BROWNING ST  
City-St-Zip: SARASOTA, FL 34237C

Title: VD  
Name: GAINES, DIANE  
Address: 6253 MURIWOOD CT  
City-St-Zip: SARASOTA, FL 34243

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: SIMON FORD

CT

04/02/2011

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

\_\_\_\_\_  
Date