


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-19-2008 90030 015 ****61.25
N06000006267

DOCUMENT # N06000006267 1. Entity Name NEW BETHEL UNITED METHODIST CHURCH, INC.	
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FILED

08 AUG 11 PM 2:54

SECRETARY OF STATE



Principal Place of Business 5986 HWY. 85 NORTH CRESTVIEW FL 32536	Mailing Address 5986 HWY. 85 NORTH CRESTVIEW FL 32536
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

JTB

1st MOORE CR2E037 (10/07)

4. FEI Number 59-3462654	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 MOORHEAD, STEPHEN R 25 W. GOVERNMENT ST. PENSACOLA FL 32502	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: New registered agent signature required when registering) DATE _____

FILE NOW: 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCLELLAN, WAYNE <input type="checkbox"/> Delete 6205 JONQUIL ST. CRESTVIEW FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, ROBERT H <input type="checkbox"/> Delete 6102 HWY. 85 NORTH CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOYE, KEN <input type="checkbox"/> Delete 1137 FARMER ST. CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete <i>Deceased</i> TILLERY, JIM 7030 HWY 85 N. LAUREL HILL FL 32567
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MERRITT, RANDY P.O. BOX 1133 CRESTVIEW FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete FOLSOM, ACY 297 GARDEN ST. CRESTVIEW FL 32536

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas Robert 208 Coleman St. Crestview, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <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 Section 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: Wayne McClellan Feb. 11, 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #