

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006267

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** NEW BETHEL UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

5986 HWY. 85 NORTH  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

5986 HWY. 85 NORTH  
CRESTVIEW, FL 32536

**New Mailing Address:**

**FEI Number:** 59-3462654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORHEAD, STEPHEN R  
25 W. GOVERNMENT ST.  
PENSACOLA, FL 32502 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: D  
Name: MCCLELLAN, WAYNE CHR  
Address: 6205 JONQUIL ST.  
City-St-Zip: CRESTVIEW, FL 32539

Title: D  
Name: MCCLELLAN, JOANN  
Address: 6205 JONQUIL ST.  
City-St-Zip: CRESTVIEW, FL 32539

Title: D  
Name: ATEES, WAYNE  
Address: 1692 HWY. 90 W.  
City-St-Zip: BAKER, FL 32531

Title: D  
Name: THOMAS, ROBERT  
Address: 208 COLEMAN STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: D  
Name: SNEED, JANET  
Address: 516 STILLWELL BLVD.  
City-St-Zip: CRESTVIEW, FL 32539

Title: D  
Name: FOLSOM, ACY  
Address: 297 GARDEN ST.  
City-St-Zip: CRESTVIEW, FL 32536

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: WAYNE MCCLELLAN

CHR

01/11/2012

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

\_\_\_\_\_  
Date