



**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005947</b> 1. Entity Name BETHEL UNITED METHODIST CHURCH, INC.		
Principal Place of Business 1470 BETHEL CHURCH ROAD TALLAHASSEE, FL 32304	Mailing Address 1470 BETHEL CHURCH ROAD TALLAHASSEE, FL 32304	
<b>DO NOT WRITE IN THIS SPACE</b>		
 01172005 No Chg-NP CR2E037 (10/03)		
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  SINGLETARY, DON 1470 BETHEL CHURCH ROAD TALLAHASSEE, FL 32304		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE: _____		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELVAR, NEWTON 3213 DIAN ROAD TALLAHASSEE, FL 32304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETARY, DON 1401 BETHEL CHURCH ROAD TALLAHASSEE, FL 32304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, PHILLIP 834 BAHAMA DRIVE TALLAHASSEE, FL 32311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETARY, PATRICIA 1401 BETHEL CHURCH ROAD TALLAHASSEE, FL 32304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZODY, JANE 1834 GINA DRIVE TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MIKE 1341 COMANCHEE LANE TALLAHASSEE, FL 32304	
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		
<b>SIGNATURE:</b> <u>Don Singletary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/17/05 850-576-1454</u> <small>Date Daytime Phone #</small>