

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90015 025 \*\*\*\*78.75

**DOCUMENT # N94000005947**

1. Entity Name  
**BETHEL UNITED METHODIST CHURCH, INC.**



**40005026**



01182007 Chg-NP CR2E037 (12/06)

Principal Place of Business  
**1470 BETHEL CHURCH ROAD  
TALLAHASSEE, FL 32304**

Mailing Address  
**1470 BETHEL CHURCH ROAD  
TALLAHASSEE, FL 32304**

2. Principal Place of Business - No P.O. Box #  
**1470 Bethel Church Rd**

3. Mailing Address  
**- same**

Suite, Apt. #, etc.

City & State  
**Tallahassee FL**

Zip  
**32304**

Country  
**Leon**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SINGLETARY, DON  
1470 BETHEL CHURCH ROAD  
TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent  
Name **Don Singletary**  
Street Address (P.O. Box Number is Not Acceptable)  
**1470 Bethel Church Rd**  
City **Tallahassee** FL Zip Code **32304**

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 **Don Singletary** DATE **1/22/07**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
Due by **May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ABBOTT, DONNE 8165 IDA RD TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SINGLETARY, DON 1401 BETHEL CHURCH ROAD TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWN, PHILLIP 834 BAHAMA DRIVE TALLAHASSEE, FL 32311</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SINGLETARY, PATRICIA 1401 BETHEL CHURCH ROAD TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZODY, JANE 1834 GINA DRIVE TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WRIGHT, MIKE 1341 COMANCHEE LANE TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Chapter 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: **Don Singletary** DATE **1/22/07** (850) 676-1454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## Annual Report

Annual Report Help

Document Number

N94000005947

Business Entity Name

BETHEL UNITED METHODIST CHURCH, INC.

FEI Number 593183062

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired ☒ Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes ☒ No

## Principal Place of Business

Address 1470 BETHEL CHURCH ROAD

Suite, Apt. #, etc.

City, State TALLAHASSEE, FL

Zip Code & Country 32304

## Mailing Address

Address 1470 BETHEL CHURCH ROAD

Suite, Apt. #, etc.

City, State TALLAHASSEE, FL

Zip Code & Country 32304

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) SINGLETARY, DON, ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1470 BETHEL CHURCH ROAD

Suite, Apt. #, etc.

City, State TALLAHASSEE, FL

Zip Code &amp; Country 32304 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

ATTACHMENT 40005026  
#N94000005947**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title D  
Name (Last, First, Middle, Title) ABBOTT , DONNE , ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 8165 IDA RD  
City, State TALLAHASSEE , FL  
Zip Code & Country 32304

Title D  
Name (Last, First, Middle, Title) SINGLETARY , DON , ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 1401 BETHEL CHURCH ROAD  
City, State TALLAHASSEE , FL  
Zip Code & Country 32304

Title D  
Name (Last, First, Middle, Title) BROWN , PHILLIP , ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 834 BAHAMA DRIVE  
City, State TALLAHASSEE , FL  
Zip Code & Country 32311

Title D  
Name (Last, First, Middle, Title) SINGLETARY , PATRICIA , ,

- OR -

Entity Name to serve as  
Officer/Director

Street Address

1401 BETHEL CHURCH ROAD

City, State

TALLAHASSEE, FL

Zip Code &amp; Country

32304

Title

D

Name (Last, First, Middle, Title)

ZODY, JANE

- OR -

Entity Name to serve as  
Officer/Director

Street Address

1834 GINA DRIVE

City, State

TALLAHASSEE, FL

Zip Code &amp; Country

32303

Title

D

Name (Last, First, Middle, Title)

WRIGHT, MIKE

- OR -

Entity Name to serve as  
Officer/Director

Street Address

1341 COMANCHEE LANE

City, State

TALLAHASSEE, FL

Zip Code &amp; Country

32304

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

CHAVE BOARD OF TRUSTEES

Officer/Director Signature

Dan Singleton

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue    Reset

Start Over

Florida Department of State - Division of Corporations

**Corporation Fees****PROFIT AND NON-PROFIT**

Filing Fees	\$ 35.00
Registered Agent Designation	\$ 35.00
* Certified Copy (optional)	\$ 8.75
TOTAL	\$ 78.75
Amendment of any record	\$ 35.00
Profit Annual Report (& Supplemental Fee)	\$150.00
Profit Annual Report (Received after May 1)	\$550.00
Amended Profit Annual Report	\$ 61.25
Articles of Correction	\$ 35.00
Non-Profit Annual Report	\$ 61.25
Certificate of Status	\$ 8.75
* Certified Copy	\$ 8.75 (see below)
* Photocopies	\$ 10.00 (see below)
Change of registered agent	\$ 35.00
Dissolution & withdrawal	\$ 35.00
Foreign Name registration	\$ 87.50
Foreign Name renewal	\$ 87.50
Merger (per party)	\$ 35.00
Certificate of Conversion	\$ 35.00 (+New Entity Filing fees, if applicable)
Reinstatement (Profit)	\$600.00
Reinstatement (Non-Profit)	\$175.00
Resignation of Reg. Agent (active corporation)	\$ 87.50
(inactive corporation)	\$ 35.00
Revocation of Dissolution	\$ 35.00
Substitute service of process (Chapter 48, F.S.)	\$ 8.75
* Certified Copies are \$8.75 for the first 8 pages and \$1.00 for each additional page, not to exceed a maximum of \$52.50. This fee is applied only to requests that are done in person. All mail-in requests are charged a flat \$8.75.	
* Photocopies are \$1.00 per page for requests that are brought in to our office. All mail-in requests are charged a flat \$10.00.	