

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90058 026 ****61.25

DOCUMENT # N94000005947

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**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABBOTT, DONNE
STREET ADDRESS	8165 IDA RD
CITY - ST - ZIP	TALLAHASSEE, FL 32304
TITLE	D
NAME	SINGLETARY, DON
STREET ADDRESS	1401 BETHEL CHURCH ROAD
CITY - ST - ZIP	TALLAHASSEE, FL 32304
TITLE	D
NAME	BROWN, PHILLIP
STREET ADDRESS	834 BAHAMA DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	SINGLETARY, PATRICIA
STREET ADDRESS	1401 BETHEL CHURCH ROAD
CITY - ST - ZIP	TALLAHASSEE, FL 32304
TITLE	D
NAME	ZODY, JANE
STREET ADDRESS	1834 GINA DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	WRIGHT, MIKE
STREET ADDRESS	1341 COMANCHEE LANE
CITY - ST - ZIP	TALLAHASSEE, FL 32304

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IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 7, 2008 5761454
Date Daytime Phone #