2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N94000005947

Entity Name: BETHEL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1470 BETHEL CHURCH ROAD
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

1470 BETHEL CHURCH ROAD
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-3183062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SINGLETARY, DON
1470 BETHEL CHURCH ROAD
TALLAHASSEE, FL 32304 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	( ) Delete
Name:	ABBOTT, DONNE	
Address:	8165 IDA RD	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	D	( ) Delete
Name:	SINGLETARY, DON	
Address:	1401 BETHEL CHURCH ROAD	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	D	( ) Delete
Name:	BROWN, PHILLIP	
Address:	834 BAHAMA DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	D	( ) Delete
Name:	SINGLETARY, PATRICIA	
Address:	1401 BETHEL CHURCH ROAD	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	D	( ) Delete
Name:	ZODY, JANE	
Address:	1834 GINA DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	D	( ) Delete
Name:	WRIGHT, MIKE	
Address:	1341 COMANCHEE LANE	
City-St-Zip:	TALLAHASSEE, FL 32304	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DON SINGLETARY TRUS 01/10/2009

Electronic Signature of Signing Officer or Director — Date