

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710481

**FILED**  
**Jan 30, 2016**  
**Secretary of State**  
**CC7367981214**

**Entity Name:** THE FIRST UNITED METHODIST CHURCH OF PORT ST. JOHN, INC.

**Current Principal Place of Business:**

1165 FAY BLVD.  
COCOA, FL 32927

**Current Mailing Address:**

1165 FAY BLVD.  
COCOA, FL 32927

**FEI Number: 59-2480644**

**Certificate of Status Desired: No**

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

CHARLTON, DAVID L  
1165 FAY BLVD.  
COCOA, FL 32927 US

*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: DAVID L. CHARLTON**

**01/30/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name JONES, GARY  
Address 4015 SONG ST.  
City-State-Zip: COCOA FL 32927

Title T  
Name BLAIR, LAURIE  
Address 6460 DANE AVENUE  
City-State-Zip: COCOA FL 32927

Title MGR  
Name BAKER, SHIRLEY  
Address 4200 LEE HALL PLACE  
City-State-Zip: COCOA FL 32927

Title P  
Name CHARLTON, DAVID L  
Address 637 AMOR DR  
City-State-Zip: COCOA FL 32927

Title S  
Name PETERSEN, LYNNAE N  
Address 5273 YAUPON HOLLY DR  
City-State-Zip: COCOA FL 32927

*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: LYNNAE PETERSEN**

**OFFICE MANAGER**

**01/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date