

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710481

FILED
Jan 23, 2023
Secretary of State
7906941730CC

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:

TABONE, CHRISTOPHER V
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: CHRISTOPHER V TABONE

01/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT-TRUSTEE CHAIR
Name LUKASZEWICZ, TIM
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927

Title SECRETARY
Name HOOVER, RICHARD
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927

Title OFFICE MANAGER
Name LIZOTTE, TERRI L
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927

Title TRUSTEE
Name ANDERSON, CATHY
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927

Title CHECK SIGNER
Name WISE, FREDA
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927

Title CHECK SIGNER
Name HOFFMAN, GREGORY
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927

Title CHECK SIGNER
Name MILLINGTON, EARLINE
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927

Title CHECK SIGNER
Name ROOKS, PHYLLIS
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927

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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: TERRI L. LIZOTTE

ADMINISTRATIVE ASSISTANT

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name BRAVE, PAULA
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927

Title CHECK SIGNER
Name FRANKLIN, KAREN
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927

Title OTHER, CHECK SIGNER
Name HUGGINS, MARY
Address 1165 FAY BLVD.
City-State-Zip: COCOA FL 32927