

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710481

**FILED**  
**Apr 09, 2019**  
**Secretary of State**  
**3408240464CC**

**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**

**04/09/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name GREEN, BARRY  
Address 7348 GLENWOOD RD.  
City-State-Zip: COCOA FL 32927

Title TRUSTEE  
Name FORD, RODNEY  
Address 2559 HOOPER RD.  
City-State-Zip: COCOA FL 32926

Title VC  
Name HYDE, JAMES  
Address 676 NARANJA AVE.  
City-State-Zip: COCOA FL 32927

Title CO TRUSTEE  
Name HARTT, CHARLES  
Address 5175 CURTIS BLVD.  
City-State-Zip: COCOA FL 32927

Title SECRETARY  
Name ANDERSON, CATHY  
Address 4230 VANCOUVER AVE.  
City-State-Zip: COCOA FL 32926

Title OFFICE MANAGER  
Name LIZOTTE, TERRI L  
Address 1165 FAY BLVD.  
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: TERRI L LIZOTTE**

**OFFICE MANAGER**

**04/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date