#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 713758** 

Entity Name: FIRST UNITED METHODIST CHURCH OF LAKE ALFRED, INC.

FILED
May 01, 2014
Secretary of State
CC8806695226

# **Current Principal Place of Business:**

130 S PENNSYLVANIA AVENUE LAKE ALFRED. FL 33850

## **Current Mailing Address:**

P O BOX 1227

LAKE ALFRED. FL 33850 US

FEI Number: 59-2137410 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

ELSENHEIMER, LISA 48 SHADY OAK AVE. LAKE WALES, FL 33898-5326 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title P Title V

Name QUACKENBUSH, DAVID Name COLEMAN, RICK

Address 471 GULF STREAM DRIVE N Address 485 LAKESHORE WAY N
City-State-Zip: LAKE ALFRED FL 33850 City-State-Zip: LAKE ALFRED FL 33850

Title T Title T

Name KLECKA, GLENDA Name LEHMAN, JERRY

Address 345 16TH STREET NE Address 860 SANDTRAP CIRCLE

City-State-Zip: WINTER HAVEN FL 33881 City-State-Zip: WINTER HAVEN FL 33881

Title T Title T

NamePARKER, CHARLESNameCOOPER, WILBURAddress5820 ROYAL HILLS CIRCLEAddress2803 AVENUE T NW

City-State-Zip: WINTER HAVEN FL 33881 City-State-Zip: WINTER HAVEN FL 33881

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: DAVID QUACKENBUSH

**CHAIRPERSON** 

05/01/2014