SIGNATURE	ATURE: CATHY THACKER			
	Electronic Signature of Registered Agent			03/13/2019 Date
Officer/Dire	ctor Detail :			
Title	TRUSTEE	Title	OFFICER	
Name	KENT, MARY BELLE	Name	SPAULDING, ROGER	
Address	P O BOX 1227	Address	P O BOX 1227	
City-State-Zip:	LAKE ALFRED FL 33850	City-State-Zip:	LAKE ALFRED FL 33850	
Title	DIRECTOR	Title	TREASURER	
Name	WALKER, TED	Name	MENSER, DORA	
Address	P O BOX 1227	Address	P O BOX 1227	
City-State-Zip:	LAKE ALFRED FL 33850	City-State-Zip:	LAKE ALFRED FL 33850	
Title	PASTOR	Title	CHAIRMAN	
Name	THACKER, CATHY	Name	HINEGARDNER, BARBARA	
Address	P O BOX 1227	Address	P O BOX 1227	
City-State-Zip:	LAKE ALFRED FL 33850	City-State-Zip:	LAKE ALFRED FL 33850	
Title	SECRETARY	Title	SECRETARY	
Name	GORTE, ANNE	Name	FREE, PHYLLIS	
Address	P O BOX 1227	Address	P O BOX 1227	
City-State-Zip:	LAKE ALFRED FL 33850	City-State-Zip:	LAKE ALFRED FL 33850	

Name and Address of Current Registered Agent:

THACKER, CATHY

LAKE ALFRED. FL 33850 US

FEI Number: 59-2137410

Current Principal Place of Business:

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: CATHY THACKER

PASTOR

03/13/2019

Electronic Signature of Signing Officer/Director Detail

FILED Mar 13, 2019 Secretary of State 5341737183CC

Certificate of Status Desired: No

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# 713758

130 S PENNSYLVANIA AVENUE LAKE ALFRED. FL 33850

Current Mailing Address:

P O BOX 1227