

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734149

**Entity Name:** GEORGIANA UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

3925 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

3925 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 US

**FEI Number: 59-2113927**

**Certificate of Status Desired: No**

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

BENNETT, KOHN  
3925 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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 C  
Name BENNETT, KOHN  
Address 4080 OLD SETTLEMENT ROAD  
City-State-Zip: MERRITT ISLAND FL 32952

Title T  
Name HABER, GWEN  
Address 1130 REBECCA DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title S  
Name KUBE, DONNA  
Address 3930 CROOKED MILE ROAD  
City-State-Zip: MERRITT ISLAND FL 32952

Title C  
Name MAYER, JOE  
Address 520 JILLOTUS STREET  
City-State-Zip: MERRITT ISLAND FL 32952

Title REV  
Name CALHOUN, KEVIN A  
Address 2235 MARSH HARBOR ROAD  
City-State-Zip: MERRITT ISLAND FL 32952

Title ADMINISTRATIVE ASSISTANT  
Name BECKER, MONA R  
Address 3925 S TROPICAL TRAIL  
City-State-Zip: MERRITT ISLAND FL 32952

*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: MONA BECKER**

**EXECUTIVE PASTOR**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date