

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735596

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

**Current Principal Place of Business:**

3302 GREEN ST.  
MIMS, FL 32754

**Current Mailing Address:**

3302 GREEN ST.  
MIMS, FL 32754

**FEI Number: 59-2354758**

**Certificate of Status Desired: No**

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

POCOCK, BRUCE A.  
1625 BANANA DR.  
TITUSVILLE, FL 32780 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: BRUCE A. POCOCK**

**02/23/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CHODOROWSKI, TOM  
Address 4205 VANGUARD AVE  
City-State-Zip: TITUSVILLE FL 32780

Title OFFICER  
Name KATRICK, DONALD  
Address 3460 W. MAIN ST.  
City-State-Zip: MIMS FL 32754

Title OFFICER  
Name COHEN, DELORSE  
Address 3445 GRANTLINE RD  
City-State-Zip: MIMS FL 32754

Title OFFICER  
Name ROBIN , CHAMPAGNE  
Address 265 CAPRON RD  
City-State-Zip: COCOA FL 32927

Title OFFICER  
Name JICHA, ANTHONY  
Address 1945 KING RICHARD DR.  
City-State-Zip: TITUSVILLE FL 32796

Title OFFICER  
Name WOOD, CURTIS  
Address 2992 FOLSOM RD  
City-State-Zip: MIMS FL 32754

Title OFFICER  
Name CHAMBERLAIN, DOUG  
Address 6095 SEMINOL STREET  
City-State-Zip: MIMS FL 32754

Title OFFICER  
Name REVELS, MAREE  
Address 707 ORANGE STREET  
City-State-Zip: TITUSVILLE FL 32796

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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: TOM CHODOROWSKI**

**TRUSTEE CHAIR**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name WALLACE, JACKIE  
Address 3253 BROUGHTON AVENUE  
City-State-Zip: MIMS FL 32754