# 2018 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

### Name and Address of Current Registered Agent:

WATSON, CHARLES 660 S. KEY LARGO DR TITUSVILLE, FL 32780 US

The above named	d entity submits this statement for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of F	Florida.
SIGNATURE	E: CHARLES WATSON			02/22/2018
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	OFFICER	Title	OFFICER	
Name	WOOD, CURTIS	Name	ENGELBECK, JOANNE	
Address	2992 FOLSOM RD.	Address	475 MAPLE PLACE	
City-State-Zip:	MIMS FL 32754	City-State-Zip:	TITUSVILLE FL 32780	
Title	OFFICER	Title	OFFICER	
Name	STEPHENSON, JOE	Name	DROHAN, ROGER	
Address	1026 ELKCAM RD.	Address	196 GARY AVE.	
City-State-Zip:	COCOA FL 32927	City-State-Zip:	OAK HILL FL 32759	
Title	OFFICER	Title	OFFICER	
Name	MECK, KEITH	Name	STONER, GARY	
Address	5000 GANDY RD.	Address	1419 WAR EAGLE BLVD.	
City-State-Zip:	MIMS FL 32754	City-State-Zip:	TITUSVILLE FL 32796	
Title	DIRECTOR	Title	OFFICER	
Name	CHODOROWSKI, TOM	Name	ALSOBROOK, NICOLE	

Address4205 VANGUARD AVE.City-State-Zip:TITUSVILLE FL 32780

#### Continues on page 2

Address

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

DIRECTOR

City-State-Zip: TITUSVILLE FL 32796

820 N. CARPENTER RD.

02/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Feb 22, 2018 Secretary of State CC9388911837

Certificate of Status Desired: No

### **Officer/Director Detail Continued :**

Title	OFFICER	Title	OFFICER
Name	MYERS, RILEY	Name	SHIPLEY, MIKE
Address	1651 OLD MIMS RD.	Address	2300 DOLPHIN RD.
City-State-Zip:	GENEVA FL 32732	City-State-Zip:	TITUSVILLE FL 32780