

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735596

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC0390542149**

**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:**

NEVEN, GEORGE  
4855 GANDY RD.  
MIMS, FL 32754 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:** GEORGE NEVEN

03/28/2016

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

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

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

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

Title OFFICER  
Name WORTHINGTON, MICHELE  
Address 2930 BEALE ST.  
City-State-Zip: TITUSVILLE FL 32796

Title OFFICER  
Name ENGELBECK, JOANNE  
Address 475 MAPLE PLACE  
City-State-Zip: TITUSVILLE FL 32780

Title OFFICER  
Name STEPHENSON, JOE  
Address 1026 ELKCAM RD.  
City-State-Zip: COCOA FL 32927

**Continues on page 2**

*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

**TRUSTEES**  
**CHAIRPERSON**

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            OFFICER  
Name            DROHAN, ROGER  
Address        196 GARY AVE.  
City-State-Zip: OAK HILL FL 32759