

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747154

Entity Name: ANTHONY UNITED METHODIST FOUNDATION, INC.**Current Principal Place of Business:**2396 NE 97TH STREET ROAD
ANTHONY, FL 32617**Current Mailing Address:**PO BOX 96
ANTHONY, FL 32617**FEI Number:** 59-1930281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRIPLETT, JAMES
4655 NE 23RD COURT
OCALA, FL 34479 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	PD
Name	TRIPLETT, JAMES
Address	4655 NE 23RD CT
City-State-Zip:	OCALA FL 34479

Title	VD
Name	MCKENZIE, EMMETT
Address	1790 NE 90TH PLACE
City-State-Zip:	ANTHONY FL 32617

Title	TD
Name	CYR, JEANETTE M
Address	309 NE 100TH STREET
City-State-Zip:	OCALA FL 34479

Title	SD
Name	SOGAN, EARLA
Address	13650 NE 110 ST
City-State-Zip:	FORT MC COY FL 32134

Title	D
Name	SHORT, BOOKER
Address	4335 NE 21ST STREET
City-State-Zip:	OCALA FL 34470

Title	D
Name	BOBBIE, TURNER
Address	3925 NE 2ND PLACE
City-State-Zip:	ANTHONY FL 32617

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: JEANETTE M. CYR**TREASURER****02/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date