2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751377

Entity Name: CRAWFORDVILLE UNITED METHODIST CHURCH, INC.

FILED
Jun 13, 2019
Secretary of State
5177331933CC

Current Principal Place of Business:

176 OCHLOCKNEE STREET CRAWFORDVILLE. FL 32327

Current Mailing Address:

P.O. BOX 37

CRAWFORDVILLE, FL 32326

FEI Number: 59-3362769 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COOKSEY, LEMUEL 213 WHIDDEN LAKE RD. CRAWFORDVILLE, FL 32327 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: LEMUEL COOKSEY 06/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title VP Title EXECUTIVE SECRETARY

Name WILLIS, DANNY Name SLOAN, FERN

Address 419 EDGER POOLE RD. Address 10425 REBEL CIRCLE

City-State-Zip: CRAWFORDVILLE FL 32327 City-State-Zip: TALLAHASSEE FL 32305

TitleTRUSTEETitleTRUSTEENameCHANDLER, KARENNameBRANDT, EDIEAddress5 EIGHTH AVEAddress14 COLEMAN RD.

City-State-Zip: CRAWFORDVILLE FL 32327 City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE Title TRUSTEE

NameCUSHARD, TODDNameDONAWAY, ROBERTAddress151 DUNCAN DRAddress11 THRASHER LANE

City-State-Zip: CRAWFORDVILLE FL 32327 City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE Title TRUSTEE

Name CRUM, GARY Name TOOKE, SUSIE

Address 632 JACK CRUM RD. Address 161 COUNTRY CLUB DR

City-State-Zip: CRAWFORDVILLE FL 32327

City-State-Zip: CRAWFORDVILLE FL 32327

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: FERN SLOAN SECRETARY 06/13/2019