

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751377

Entity Name: CRAWFORDVILLE UNITED METHODIST CHURCH, INC.**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:** Yes**Name and Address of Current Registered Agent:**GRAY, RAY
36 EDGEWOOD DR.
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:** RAY GRAY

04/10/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name COOKSEY, LEMUEL
Address 213 WHIDDON LAKE RD.
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name HOPE, LESLIE
Address 36 JASPER THOMAS ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name BRANDT, EDIE
Address 14 COLEMAN RD.
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name DONAWAY, ROBERT
Address 11 THRASHER LANE
City-State-Zip: CRAWFORDVILLE FL 32327

Title EXECUTIVE SECRETARY
Name SLOAN, FERN
Address 10425 REBEL CIRCLE
City-State-Zip: TALLAHASSEE FL 32305

Title TRUSTEE
Name GABY, SCOTT
Address 208 ROLAND HARVEY ROAD
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name FRICK, MICHAEL
Address 46 PURPLE MARTIN COVE
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name GILLESPIE, WILLIAM
Address 16 RUBY LANE
APT. A1
City-State-Zip: CRAWFORDVILLE FL 32327

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: FERN SLOAN**EXECUTIVE SECRETARY** 04/10/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	WILLIS, DANNY
Address	419 EDGER POOLE ROAD
City-State-Zip:	CRAWFORDVILLE FL 32327