

**2014 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: 59-2278696**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NEWLAND, RANDY  
30 KELLY COURT  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name GABY, JULIE B  
Address 208 ROLAND HARVEY ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title VD  
Name MILLER, DAVID  
Address 227 BUCK MILLER ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title D  
Name CANTERBURY, LEE  
Address 236 DUNCAN DRIVE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title D  
Name REVELL, MARIAN  
Address COTTONWOOD STREET  
City-State-Zip: CRAWFORDVILLE FL

Title D  
Name TOOKE, SUSIE  
Address POST OFFICE BOX 276  
City-State-Zip: CRAWFORDVILLE FL 32326

*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: DAVID MILLER**

**VD**

**02/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date