

2021 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:** 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

02/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name ROBINSON, JOHN
Address 28 BROWN BLVD.
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 JOHNSON, CHARLES
Address 25 STARLING TRACE
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name HARRELL, STEVE
Address 148 SCENIC STREAM CIRCLE
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name HERNDON, CHRISTINA
Address 75 MULBERRY CIRCLE
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name CRUM, GARY
Address 632 JACK CRUM RD.
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name TOOKE, SUSIE
Address 161 COUNTRY CLUB DR
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**EXECUTIVE SECRETARY** 02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date