

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006557

Entity Name: WESLEY UNITED METHODIST CHURCH OF GAINESVILLE,
INCORPORATED**FILED**
Jan 11, 2017
Secretary of State
CC1226287545**Current Principal Place of Business:**826 NW 23RD AVENUE
GAINESVILLE, FL 32609**Current Mailing Address:**826 NW 23RD AVENUE
GAINESVILLE, FL 32609**FEI Number: 59-1474155****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MANASCO, RAYMOND O
2071 NW 21ST LANE
GAINESVILLE, FL 32605-3964 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	TREASURER, SECRETARY
Name	POMPILI, DENISE
Address	2511 NW 35TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

Title	VC
Name	REEVES, SANDY
Address	1830 NW 46TH STREET
City-State-Zip:	GAINESVILLE FL 32605

Title	CHAIRMAN OF TRUSTEES
Name	MILLER, SANDRA
Address	3303 NW 103RD DRIVE
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	MALLARD, DEREK
Address	220 NW 33RD AVENUE
City-State-Zip:	GAINESVILLE FL 32609

Title	DIRECTOR
Name	KNIGHT, BECKY
Address	1643 NW 16TH AVENUE
City-State-Zip:	GAINESVILLE FL 30605

Title	DIRECTOR
Name	BALDWIN, LINDA
Address	4939 NW 31ST PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	BLAKE, CHRIS
Address	1810 NW 23RD BLVD. APT 132
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR
Name	AGUILA, DANNY
Address	18318 SW 95TH AVENUE
City-State-Zip:	ARCHER FL 32618

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: TERRI L MANCHE**OFFICE ADMINISTRATOR 01/11/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date