

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006557

Entity Name: WESLEY UNITED METHODIST CHURCH OF GAINESVILLE,
INCORPORATED**FILED**
Feb 08, 2018
Secretary of State
CC6697289603**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 32605Title VC
Name REEVES, SANDY
Address 1830 NW 46TH STREET
City-State-Zip: GAINESVILLE FL 32605Title CHAIRMAN OF TRUSTEES
Name MILLER, SANDRA
Address 3303 NW 103RD DRIVE
City-State-Zip: GAINESVILLE FL 32606Title DIRECTOR
Name MALLARD, DEREK
Address 220 NW 33RD AVENUE
City-State-Zip: GAINESVILLE FL 32609Title DIRECTOR
Name KNIGHT, BECKY
Address 1643 NW 16TH AVENUE
City-State-Zip: GAINESVILLE FL 30605Title DIRECTOR
Name BALDWIN, LINDA
Address 4939 NW 31ST PLACE
City-State-Zip: GAINESVILLE FL 32606Title DIRECTOR
Name BLAKE, CHRIS
Address 1810 NW 23RD BLVD. APT 132
City-State-Zip: GAINESVILLE FL 32605Title 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: DENISE POMPILI**SECRETARY****02/08/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date