

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000281

Entity Name: MT. PLEASANT UNITED METHODIST CHURCH INC.**Current Principal Place of Business:**630 NW 2ND ST
GAINESVILLE, FL 32601**Current Mailing Address:**PO BOX 5833
GAINESVILLE, FL 32627**FEI Number:** 59-2475525**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCCLELLAN, GERALDINE W
630 NW 2ND ST
GAINESVILLE, FL 32601 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 REV.
Name MCCLELLAN, GERALDINE W
Address 630 NW 2ND ST
City-State-Zip: GAINESVILLE FL 32601

Title FINANCE
Name SAUNDERS, LARRY MR.
Address 821 NW 7TH AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title TRUSTEE
Name BYRD, SAM MR.
Address 14717 NW 193RD ST
City-State-Zip: ALACHUA FL 32615

Title STEWARDSHIP
Name WASHINGTON, GEORGE MR.
Address 3304 NW 46TH PLACE
City-State-Zip: GAINESVILLE FL 32605

Title MS.
Name MCKINLEY, MARGARET
Address 7200 SW 8TH AVE #D-26
City-State-Zip: GAINESVILLE FL 32607

Title TRUSTEE
Name ADAMS, WILLIE JR MR.
Address 14710 SE 47TH AVENUE
City-State-Zip: HAWTHORNE FL 32640

Title FINANCE
Name CLARK, BETTY MRS.
Address 415 NE 25TH ST
City-State-Zip: GAINESVILLE FL 32541

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: GERALDINE W. MCCLELLAN

PASTOR

02/17/2016

Electronic Signature of Signing Officer/Director Detail

Date