

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19256

**FILED**  
**Feb 10, 2014**  
**Secretary of State**  
**CC0735796026**

**Entity Name:** FIRST UNITED METHODIST CHURCH OF FORT WALTON, INC.

**Current Principal Place of Business:**

103 FIRST STREET, S.E.  
FORT WALTON BEACH, FL 32548-2893

**Current Mailing Address:**

103 FIRST STREET, S.E.  
FORT WALTON BEACH, FL 32548-2893 US

**FEI Number: 59-0939948**

**Certificate of Status Desired: Yes**

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

RIVERS, RALPH F  
109 HOWELL DRIVE, NW  
FORT WALTON BEACH, FL 32548 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 TRUSTEE  
Name SEVERSON, BRENT  
Address 707 ST. CROIX COVE  
City-State-Zip: NICEVILLE FL 32578

Title TRUSTEE  
Name GATES, NEIL  
Address 815 WESTWOOD DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title TRUSTEE  
Name STONE, JERRY  
Address 111 WOODBINE CIRCLE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE  
Name THRALL, LARRY  
Address 504 MARLOWE DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title TRUSTEE  
Name GARICK, CHRIS  
Address 32 BAY DRIVE, SE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE  
Name TODD, WILLIAM  
Address 228 CREWILLA DRIVE, NW  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE  
Name ROBBINS, CARL J  
Address 572 L'OMBRE CIRCLE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title TRUSTEE  
Name ROBBINS, MERLE  
Address 1186 CATHRIDGE TRCE  
City-State-Zip: FORT WALTON BEACH FL 32547

**Continues on page 2**

*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: RALPH RIVERS**

**CHAIRMAN, BOARD OF TRUSTEES**

**02/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name RIVERS, RALPH  
Address 109 HOWELL DR., NW  
City-State-Zip: FORT WALTON BEACH FL 32548