

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19256

**FILED**  
**Feb 08, 2021**  
**Secretary of State**  
**3958032066CC**

**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:**

IFLAND, JIMMY  
502 PARISH BLVD.  
MARY ESTHER, FL 32569 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: JIMMY IFLAND**

**02/08/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name TOLAR, LEE  
Address 610 OVERBROOK DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title TRUSTEE  
Name ZORN, CARTER  
Address 55 YACHT CLUB DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE  
Name CLEMONS, JANIE  
Address 629 POWELL DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title TRUSTEE  
Name NORTON, WESLEY SR.  
Address 4 ROUNDABEND ROAD  
City-State-Zip: SHALIMAR FL 32579

Title TRUSTEE  
Name IFLAND, JIMMY  
Address 502 PARISH BLVD.  
City-State-Zip: MARY ESTHER FL 32569

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

Title TRUSTEE  
Name LAWSON, GARY  
Address 50 LINWOOD ROAD NW  
City-State-Zip: FORT WALTON BEACH FL 32547

Title TRUSTEE  
Name ALLISON, ED  
Address 124 SE MIRACLE STRIP PKWY  
City-State-Zip: FORT WALTON BEACH FL 32548

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*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: JIMMY IFLAND**

**TRUSTEE**

**02/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name CHAVEZ, DENNIS  
Address 280 VENTURA CIRCLE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TREASURER  
Name TOLAR, DOUGLAS S  
Address 610 OVERBROOK DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title DIRECTOR OF PRESCHOOL  
Name SEVERSON, DENISE  
Address 103 FIRST STREET, S.E.  
City-State-Zip: FORT WALTON BEACH FL 32548-2893