

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19256

**FILED**  
**May 23, 2023**  
**Secretary of State**  
**2701383517CC**

**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**

**05/23/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name NORTON, WESLEY SR.  
Address 12 BLENHEIM ROAD  
City-State-Zip: SHALIMAR FL 32579

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

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

Title TRUSTEE  
Name GARICK, JULIE  
Address 2364 TWIN BAY VEW  
City-State-Zip: FORT WALTON BEACH FL 32547

Title TRUSTEE  
Name LOPEZ, SEAN  
Address 223 PLEASANT STREET  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE  
Name ROLLINS, SYDNEY  
Address 114 FERRY ROAD NE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE  
Name WHEAT, STEPHANIE  
Address 703 OVERBROOK DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32547

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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**

**05/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name WAGNER, DOUG  
Address 28 NW MORIARTY STREET  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE  
Name SEVERSON, BRENT  
Address 707 ST. CROIX COVE  
City-State-Zip: NICEVILLE FL 32578

Title TRUSTEE  
Name MCINNIS, BELINDA  
Address 26 BAY DRIVE NE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR OF PROGRAMS  
Name WHITED, JAMES  
Address 14 ANASTASIA DRIVE SE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE  
Name PRATT, ASHLEY  
Address 328 PARKWAY PLACE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE  
Name RISALVATO, TOM  
Address 147 LINSTEW DRIVE NW  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRUSTEE  
Name BRUNER, JOE  
Address 381 W. MIRACLE STRIP PKWY  
City-State-Zip: MARY ESTHER FL 32569