

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19256

**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:**

SEVERSON, BRENT  
707 ST. CROIX COVE  
NICEVILLE, FL 32578 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:** BRENT SEVERSON

02/07/2024

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

Title TRUSTEE  
Name WAGNER, DOUG  
Address 28 NW MORIARTY STREET  
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 SEVERSON, BRENT  
Address 707 ST. CROIX COVE  
City-State-Zip: NICEVILLE FL 32578

Title TRUSTEE  
Name RISALVATO, TOM  
Address 147 LINSTEW DRIVE NW  
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:** BRENT SEVERSON

TRUSTEE

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR OF PRESCHOOL  
Name MALONE, KARI  
Address 566 POCAHONTAS DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32547