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:

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

FEI Number: 59-0939948

DOCUMENT# N19256

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

Officer/Director Detail :

Oncer/Director Detail.						
Title	TRUSTEE	Title	TRUSTEE			
Name	IFLAND, JIM	Name	MILLER, ROBERT			
Address	502 PARISH BLVD.	Address	1491 HWY 98 W			
City-State-Zip:	MARY ESTHER FL 32569	City-State-Zip:	MARY ESTHER FL 32569			
Title	TRUSTEE	Title	TRUSTEE			
Name	STONE, JERRY	Name	THRALL, LARRY			
Address	111 WOODBINE CIRCLE	Address	504 MARLOWE DRIVE			
City-State-Zip:	FORT WALTON BEACH FL 32548	City-State-Zip:	FORT WALTON BEACH FL 32547			
Title	TRUSTEE	Title	TRUSTEE			
Title Name	TRUSTEE SEVERSON, DENISE	Title Name	TRUSTEE TODD, WILLIAM			
Name	SEVERSON, DENISE	Name	TODD, WILLIAM			
Name Address	SEVERSON, DENISE 707 ST. CROIX COVE	Name Address	TODD, WILLIAM 228 CREWILLA DRIVE, NW			
Name Address City-State-Zip:	SEVERSON, DENISE 707 ST. CROIX COVE NICEVILLE FL 32578	Name Address City-State-Zip:	TODD, WILLIAM 228 CREWILLA DRIVE, NW FORT WALTON BEACH FL 32548			
Name Address City-State-Zip: Title	SEVERSON, DENISE 707 ST. CROIX COVE NICEVILLE FL 32578 TRUSTEE	Name Address City-State-Zip: Title	TODD, WILLIAM 228 CREWILLA DRIVE, NW FORT WALTON BEACH FL 32548 TRUSTEE			
Name Address City-State-Zip: Title Name	SEVERSON, DENISE 707 ST. CROIX COVE NICEVILLE FL 32578 TRUSTEE ROBBINS, CARL J	Name Address City-State-Zip: Title Name	TODD, WILLIAM 228 CREWILLA DRIVE, NW FORT WALTON BEACH FL 32548 TRUSTEE ROBBINS, MERLE 1186 CATHRIDGE TRCE			

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: DENISE SEVERSON

TRUSTEE

01/27/2013 Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 27, 2013 Secretary of State CC7649394574

Certificate of Status Desired: Yes

Date