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: TOM FANNING

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N2300004089 Entity Name: ABIDE UNITED METHODIST CHURCH INC.

Current Principal Place of Business:

4400 WEST 19TH ST PANAMA CITY, FL 32405

Current Mailing Address:

4400 WEST 19TH ST PANAMA CITY, FL 32405

FEI Number: 95-3670535

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HOWELL, TED 200 HARRISON AVE. PANAMA CITY, FL 32401 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:

Officer/Director Detail :			
Title	Р	Title	VP
Name	HOWELL, TED	Name	BECKER, RONALD
Address	200 HARRISON AVE	Address	4715 GRANTS MILL DRIVE
City-State-Zip:	PANAMA CITY FL 32401	City-State-Zip:	LYNN HAVEN FL 32444
Title	т		
Name	TOM, FANNING		
Address	3202 AZALEA CIRCLE		

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

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2024 Secretary of State 0683343146CC

Date

Certificate of Status Desired: No

TREASURER

Title	т
Name	TOM, FANNING
Address	3202 AZALEA CIRCLE
City-State-Zip:	LYNN HAVEN FL 32405