

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000007661

Entity Name: FIRST METHODIST CHURCH OF FROSTPROOF, INC.**Current Principal Place of Business:**150 DEVANE
FROSTPROOF, FL 33843**Current Mailing Address:**150 DEVANE
FROSTPROOF, FL 33843 US**FEI Number: 93-2204300****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RESPRESS, LYNN
150 DEVANE
FROSTPROOF, FL 33843 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_____
Date**Officer/Director Detail :**

Title	D
Name	WALLEN, JOAN
Address	1624 WHY 630 W LOT P83
City-State-Zip:	FROSTPROOF FL 33843

Title	D
Name	HELD, CAROL
Address	408 OSCEOLA AVE
City-State-Zip:	FROSTPROOF FL 33843

Title	D
Name	DUNLAP, BETTY
Address	402 W 4TH STREET
City-State-Zip:	FROSTPROOF FL 33843

Title	D
Name	GRENWOOD, WILMA
Address	19 ARMBRUSTER CT
City-State-Zip:	FROSTPROOF FL 33843

Title	D
Name	BAKER, GAIL
Address	420 W 7TH STREET
City-State-Zip:	FROSTPROOF FL 33843

Title	DIRECTOR
Name	SCHUVER, MARY LOU
Address	419 PINE LP
City-State-Zip:	FROSTPROOF FL 33843

Title	DIRECTOR
Name	RESPRESS, LYNN
Address	150 DEVANE STREET
City-State-Zip:	FROSTPROOF FL 33843

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: LYNN RESPRESS**DIRECTOR****03/06/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date