

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23541

**Entity Name:** FIRST UNITED METHODIST CHURCH OF SANFORD, FLORIDA, INC.**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC8190343137****Current Principal Place of Business:**419 PARK AVENUE  
SANFORD, FL 32771**Current Mailing Address:**419 PARK AVENUE  
SANFORD, FL 32771 US**FEI Number: 59-0751919****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHARLTON, DAVID  
419 PARK AVE  
SANFORD, FL 32771 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: DAVID CHARLTON****04/23/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	WILLIAMS, JO-ANN
Address	1616 SOUTH PINE RIDGE CIRCLE
City-State-Zip:	SANFORD FL 32773

Title	VP
Name	SMITH, CHRISTOPHER
Address	2400 STEVENS COURT
City-State-Zip:	SANFORD FL 32771

Title	V
Name	SMITH, CHARLES C
Address	111 COUNTRY CLUB CIRCLE
City-State-Zip:	SANFORD FL 32771

Title	V
Name	MEEKS, JON
Address	621 PARK AVENUE
City-State-Zip:	SANFORD FL 32771

Title	V
Name	JEHAN, HENRY
Address	113 GREENTREE LANE
City-State-Zip:	LAKE MARY FL 32746

Title	S
Name	GOLDEN, SHERRY
Address	107 N. SOMERSET COURT
City-State-Zip:	SANFORD FL 32773

*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: JO-ANN WILLIAMS****PRESIDENT****04/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date