

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24522

**Entity Name:** THE FIRST UNITED METHODIST CHURCH OF OVIEDO, INC.

**Current Principal Place of Business:**

263 KING STREET  
OVIEDO, FL 32765

**Current Mailing Address:**

263 KING STREET  
OVIEDO, FL 32765

**FEI Number:** 59-1350104

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAMES, BRIAN  
263 KING STREET  
OVIEDO, FL 32765 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:** BRIAN JAMES

04/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, TRUSTEES  
Name BOYINGTON, BRIAN  
Address 249 MILL SLOUGH ROAD  
City-State-Zip: OVIEDO FL 32766

Title PASTOR, SENIOR  
Name JAMES, BRIAN  
Address 263 KING STREET  
City-State-Zip: OVIEDO FL 32765

Title CHAIRMAN, ADMIN COUNCIL  
Name EVANS, DAVID  
Address 6617 LAKE CHARM CIRCLE  
City-State-Zip: OVIEDO FL 32765

Title TREASURER  
Name KRANZ, KEVIN  
Address 395 TIMBERWOOD TRAIL  
City-State-Zip: OVIEDO FL 32765

Title CHAIRMAN, FINANCE  
Name JERMAN, RICHARD  
Address 1640 EAGLE NEST CIRCLE  
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR, ADMINISTRATION  
Name DAVIS, CHARLENE  
Address 1700 BROOKS LANE  
City-State-Zip: OVIEDO FL 32765

Title CHAIRMAN, SPRC  
Name FITCH, KALINDI  
Address 5339 HIDDEN CYPRESS LANE  
City-State-Zip: OVIEDO FL 32765

Title OTHER, LAY LEADER  
Name GODWIN, FRANKIE  
Address 1434 NORTHERN WAY  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** CHARLENE DAVIS

**DIRECTOR OF  
ADMINISTRATION**

04/25/2022

Electronic Signature of Signing Officer/Director Detail

Date