

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

DOCUMENT# N24522

**FILED**  
**Feb 04, 2013**  
**Secretary of State**  
**CC8548714660**

**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:**

HARRIS, DAVID  
508 MEAD DR.  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DTR  
Name DAVIS, JOE  
Address 1700 BROOKS LANE  
City-State-Zip: OVIEDO FL 32765

Title SP  
Name HARRIS, DAVID  
Address 508 MEAD DR  
City-State-Zip: OVIEDO FL 32765

Title DA  
Name POMP, BRADLEY  
Address 1599 MAIDENCANE LOOP  
City-State-Zip: OVIEDO FL 32765

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

Title DF  
Name BETANCOURT, RALPH  
Address 716 GLEN EAGLE DRIVE  
City-State-Zip: WINTER SPRINGS FL 32708

Title AP  
Name LEBLEU, BRINDA  
Address 192 LAKE JESSUP DR  
City-State-Zip: OVIEDO FL 32765

Title AD  
Name DARES, ALAN  
Address 541 WHISPERWOOD DR  
City-State-Zip: LONGWOOD FL 32779

*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: ALAN DARES**

**AD**

**02/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date