

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32828

**Entity Name:** MIDDLEBURG UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

3925 MAIN STREET  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

3925 MAIN STREET  
MIDDLEBURG, FL 32068

**FEI Number:** 59-1320369

**Certificate of Status Desired:** No

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

WILSON, SANDRA  
1990 CORNELL RD  
MIDDLEBURG, FL 32068 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:** SANDRA WILSON

04/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BATTEN, NICHOLE  
Address        2043 CORNELL RD  
City-State-Zip: MIDDLEBURG FL 32068

Title           TRUSTEE, CHAIRMAN  
Name           WILSON, SANDRA  
Address        1990 CORNELL RD  
City-State-Zip: MIDDLEBURG FL 32068

Title           TRUSTEE  
Name           HENDRY, SUSAN  
Address        277 BRANSCOMB RD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title           TRUSTEE  
Name           SOMMERS, MARK  
Address        4221 HORSE RANCH TRAIL  
City-State-Zip: MIDDLEBURG FL 32068

Title           TRUSTEE  
Name           MARSTELLER, COLLEEN  
Address        2445 RANGE LINE ROAD  
City-State-Zip: MIDDLEBURG FL 32068

Title           TRUSTEE  
Name           HUNTLEY, JORDAN  
Address        740 LINDA LANE  
City-State-Zip: MIDDLEBURG FL 32068

Title           TRUSTEE  
Name           LYNCH, JOHN  
Address        1692 BIG BRANCH RD.  
City-State-Zip: MIDDLEBURG FL 32068

Title           TRUSTEE  
Name           WATTS, TRAVIS  
Address        93 PLANKTON AVE.  
City-State-Zip: MIDDLEBURG FL 32068

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*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:** NICHOLE BATTEN

TREASURER/ADMIN.  
ASST.

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name HALL, EMMY  
Address 4196 BRONCO RD  
City-State-Zip: MIDDLEBURG FL 32068