

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001684

FILED
Mar 07, 2024
Secretary of State
0525771482CC

Entity Name: SILVER PALM UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

15855 SW 248TH ST
HOMESTEAD, FL 33031

Current Mailing Address:

15855 SW 248TH ST
HOMESTEAD, FL 33031

FEI Number: 59-0993588

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOLDEN, GAIL
15855 SW 248TH STREET
HOMESTEAD, FL 33031 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: GAIL BOLDEN

03/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SEC
Name AMES, SANDY
Address 15855 SW 248TH STREET
City-State-Zip: HOMESTEAD FL 33031

Title OFFICER
Name LECHOT, STEVE
Address 15855 SW 248TH ST
City-State-Zip: HOMESTEAD FL 33031

Title TREA
Name ORZECZOWICZ, HOLLY A
Address 15855 SW 248 ST.
City-State-Zip: HOMESTEAD FL 33031

Title OFFICER
Name RUIZ, JORGE
Address 15855 SW 248TH ST
City-State-Zip: HOMESTEAD FL 33031

Title OFFICER
Name HOAK, GREG
Address 15855 SW 248TH ST
City-State-Zip: HOMESTEAD FL 33031

Title PRESIDENT
Name BOLDEN, GAIL
Address 15855 SW 248 STREET
City-State-Zip: HOMESTEAD FL 33031

Title OFFICER
Name TORBERT, MICHELLE
Address 15855 SW 248TH STREET
City-State-Zip: HOMESTEAD FL 33031

Title OFFICER
Name CROSS, MARGARET
Address 15855 SW 248TH STREET
City-State-Zip: HOMESTEAD FL 33031

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: HOLLY ANN ORZECZOWICZ

TREASURER

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date