

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002573

**FILED**  
**Mar 26, 2018**  
**Secretary of State**  
**CC7875443096**

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

**Current Principal Place of Business:**

MAYO FIRST U M CHURCH  
122 MAIN STREET  
MAYO, FL 32066

**Current Mailing Address:**

MAYO FIRST U M CHURCH  
P O BOX 433  
MAYO, FL 32066

**FEI Number:** 59-2166635

**Certificate of Status Desired:** No

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

MCMILLAN-FREDRIKSSON, LEENETTE  
152 W MAIN ST STE C  
MAYO, FL 32066 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:** LEENETTE W. MCMILLAN-FREDRIKSSON

03/26/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, PRESIDENT  
Name MCMILLAN-FREDRIKSSON, LEENETTE W  
Address POST OFFICE BOX 1388  
City-State-Zip: MAYO FL 32066

Title D, VP  
Name VANN, CHRIS  
Address P.O. BOX 412  
City-State-Zip: MAYO FL 32066

Title D  
Name JOHNSON, H. DR  
Address POB 114  
City-State-Zip: DAY FL 32013

Title DIRECTOR  
Name ROMAN, SELMA  
Address 1620 NW COUNTY ROAD 290  
City-State-Zip: MAYO FL 32066

Title SECRETARY, DIRECTOR  
Name VANN, GWEN  
Address MAYO FIRST U M CHURCH  
P.O. BOX 433  
City-State-Zip: MAYO FL 32066

Title DIRECTOR, TREASURER  
Name FREDRIKSSON, WINSLOW E.  
Address POST OFFICE BOX 1388  
City-State-Zip: MAYO FL 32066

*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:** LEENETTE W. MCMILLAN-FREDRIKSSON

**PRESIDENT**

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date