DOCUMENT# N98000001242	

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: RUSKIN UNITED METHODIST CHURCH, INC.

### **Current Principal Place of Business:**

105 FOURTH AVENUE NW RUSKIN, FL 33570

#### **Current Mailing Address:**

PO BOX 745 RUSKIN, FL 33575

# FEI Number: 59-0994487

### Name and Address of Current Registered Agent:

MATSON, CURTIS 6225 FLAME TREE DRIVE APOLLO BEACH, FL 33572 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	CURTIS MATSON				
	Electronic Signature of Registered Agent				
Officer/Direc	tor Detail :				
Title Name Address City-State-Zip: Title Name Address	LAY LEADER MATSON, CURTIS 6225 FLAME TREE DRIVE APOLLO BEACH FL 33572 SECRETARY ADMINISTRATIVE COUNCIL HUNTER, MARY 206 ISLIP WAY	Title Name Address City-State-Zip: Title Name Address	OFFICER, ADMINISTRATIVE COUNCIL ALTER, FRANK 1405 6TH STREET SE		
City-State-Zip: Title Name Address	SUN CITY CENTER FL 33573 TREASURER BABINEC, MARY 9610 GLENPOINTE DR	City-State-Zip: Title Name	RUSKIN FL 33570 TRUSTEE CHAIRPERSON, ADMINISTRATIVE COUNCIL CHAIRPERSON JEFFERY, CECILIA		
City-State-Zip: Title	RIVERVIEW FL 33569 RUMC DAY CARE BOARD &	Address City-State-Zip:	6732 MONARCH PARK DRIVE		
Name Address City-State-Zip:	DIRECTOR PEREZ, SANDRA I P.O BOX 1133 RUSKIN FL 33575	Title Name Address City-State-Zip:	FINANCE GRUBBS, JOYCE 2214 PIER DR RUSKIN FL 33570		

#### Continues on page 2

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: MARY BABINEC

TREASURER

02/14/2022 Date

Electronic Signature of Signing Officer/Director Detail

FILED Feb 14, 2022 Secretary of State 4926603982CC

Certificate of Status Desired: No

## **Officer/Director Detail Continued :**

Title	TRUSTEE	Title	TRUSTEE
Name	WILES, DAVID	Name	SCHERER, GEORGE
Address	3920 33RD STREET SE	Address	376 CEDAR FALLS DR
City-State-Zip:	RUSKIN FL 33570	City-State-Zip:	APOLLO BEACH FL 33572
Title	TRUSTEE	Title	PASTOR-PARISH COMMITTEE
Name	HODGKIN, VIVIAN	Name	SAUNDERS, CINDY
Address	1255 RADISON AVE	Address	840 SYMPHONY ISLES BLVD
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	APOLLO BEACH FL 33572