

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730608

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** THE BOARD OF TRUSTEES OF THE FLORIDA ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

450 MARTIN LUTHER KING JR AVE  
LAKELAND, FL 33815 US

**New Principal Place of Business:**

**Current Mailing Address:**

450 MARTIN LUTHER KING JR AVE  
LAKELAND, FL 33815 US

**New Mailing Address:**

**FEI Number:** 59-0904361      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILSON, MILTON E  
450 MARTIN LUTHER KING JR AVE  
LAKELAND, FL 33815 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MCENTIRE, DAVID  
**Address:** 4345 HALLAMVIEW LANE  
**City-St-Zip:** LAKELAND, FL 33813 US

**Title:** S  
**Name:** LUTHER, JIM  
**Address:** 8260 LANGSHIRE WAY  
**City-St-Zip:** FORT MEYERS, FL 33912 US

**Title:** TCFO  
**Name:** WILSON, MILTON E  
**Address:** 450 MARTIN LUTHER KING JR AVE  
**City-St-Zip:** LAKELAND, FL 33815 US

**Title:** D  
**Name:** DICK, SARGEANT  
**Address:** 2020 BENFORD AVE  
**City-St-Zip:** LAKELAND, FL 33803 US

**Title:** D  
**Name:** JIM, MANUAL  
**Address:** 608 S LAKE AVE  
**City-St-Zip:** ORLANDO, FL 32801 US

**Title:** VP  
**Name:** MARGENA, HINELY  
**Address:** 4901 QUILL STREET  
**City-St-Zip:** PALM HARBOR, FL 34685 US

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: MILTON WILSON

TCFO

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date