

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16952

FILED  
Apr 11, 2012  
Secretary of State

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

**Current Principal Place of Business:**

10 FAITH AVE  
SOPCHOPPY, FL 32358 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 85  
SOPCHOPPY, FL 32358 US

**New Mailing Address:**

**FEI Number:** 59-3371987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAUGHNAN, GLORIA W  
307 BUCKHORN CREEK RD  
SOPCHOPPY, FL 32358 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: D  
Name: WELCH, JASON E  
Address: 8 CAROLINA CT  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D  
Name: ROBERTS, PATSY  
Address: 146 MUNICIPAL AVE  
City-St-Zip: SOPCHOPPY, FL 32358

Title: D  
Name: GRAY, WALTER  
Address: 3155 SPRING CREEK HWY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D  
Name: MASON, MIKE  
Address: 81 KELLY RD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: D  
Name: FAUGHNAN, GLORIA  
Address: 307 BUCKHORN CREEK RD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: D  
Name: VAUSE, CHUCK  
Address: 1880 CURTIS MILL RD  
City-St-Zip: SOPCHOPPY, FL 32358

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: GLORIA FAUGHNAN

D

04/11/2012

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

\_\_\_\_\_  
Date