

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23541

FILED
Apr 28, 2012
Secretary of State

Entity Name: FIRST UNITED METHODIST CHURCH OF SANFORD, FLORIDA, INC.

Current Principal Place of Business:

419 PARK AVENUE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

419 PARK AVENUE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-0751919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALKLING, KATE
419 PARK AVE
SANFORD, FL 32771 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: WILLIAMS, JO-ANN
Address: 1616 SOUTH PINE RIDGE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: VP
Name: SMITH, CHRISTOPHER
Address: 2400 STEVENS COURT
City-St-Zip: SANFORD, FL 32771

Title: V
Name: SMITH, CHARLES C
Address: 111 COUNTRY CLUB CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: V
Name: MEEKS, JON
Address: 621 PARK AVENUE
City-St-Zip: SANFORD, FL 32771

Title: V
Name: JEHAN, HENRY
Address: 113 GREENTREE LANE
City-St-Zip: LAKE MARY, FL 32746

Title: S
Name: GOLDEN, SHERRY
Address: 107 N. SOMERSET COURT
City-St-Zip: SANFORD, FL 32773

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: JO-ANN WILLIAMS

P

04/28/2012

Electronic Signature of Signing Officer or Director

Date