

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700283

**Entity Name:** ALDERSGATE UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**ATTN: BOARD OF TRUSTEES  
9530 STARKEY ROAD  
SEMINOLE, FL 33777**Current Mailing Address:**ATTN: BOARD OF TRUSTEES  
9530 STARKEY ROAD  
SEMINOLE, FL 33777**FEI Number:** 59-1523757**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EZRA, STEVE N DR.  
9530 STARKEY ROAD  
SEMINOLE, FL 33543 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:** STEVE N. EZRA

04/16/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name BREAKENRIDGE, GREGORY  
Address 7686 CUMBERLAND ROAD  
City-State-Zip: SEMINOLE FL 33777

Title TRUSTEE  
Name HENSLEY, KAREN  
Address PO BOX 8557  
City-State-Zip: SEMINOLE FL 33775

Title PASTOR  
Name EZRA, STEVE  
Address ATTN: BOARD OF TRUSTEES  
9530 STARKEY ROAD  
City-State-Zip: SEMINOLE FL 33777

Title TRUSTEE, CHAIR  
Name FIRST, TIM  
Address 10510 97TH ST  
City-State-Zip: LARGO FL 33773

Title TRUSTEE  
Name SALMON, KIMBERLY  
Address 8351 81ST COURT N  
City-State-Zip: SEMINOLE FL 33777

Title TRUSTEE  
Name EDWARDS, JENNIFER  
Address 10573 HETRICK CIRCLE E  
City-State-Zip: LARGO FL 33774

Title TRUSTEE  
Name FOUTZ, JILL  
Address 9485 HAMLIN BLVD  
#7  
City-State-Zip: SEMINOLE FL 33777

Title TRUSTEE  
Name PITMAN, ALAN  
Address 12499 81ST COURT  
City-State-Zip: SEMINOLE FL 33772

**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:** SHARON ARMSTRONG**SECRETARY**

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	ARMSTRONG, SHARON
Address	1451 PREMIER VILLAGE WAY
City-State-Zip:	CLEARWATER FL 33756