2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700788

Entity Name: MERRELL UNITED METHODIST CHURCH, INC.

FILED
Apr 18, 2023
Secretary of State
2362637546CC

Current Principal Place of Business:

3900 N STATE RD 7

LAUDERDALE LAKES. FL 33319-1877

Current Mailing Address:

3900 N STATE RD 7

LAUDERDALE LAKES. FL 33319-1877

FEI Number: 59-1099703 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COOMBS, FRANKLYN 3900 N STATE RD 7 LAUDERDDALE LKS, FL 33319 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: FRANKLYN COOMBS 04/18/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 VP, TREASURER, DIRECTOR

 Name
 COOMBS, FRANKLYN
 Name
 SHOMERS, DAVID WILLIAM

Address 3900 N STATE RD 7 Address 3900 N STATE RD 7

City-State-Zip: LAUDERDALE LAKES FL 33319-1877 City-State-Zip: LAUDERDALE LAKES FL 33319-1877

Title DIRECTOR Title DIRECTOR

Name HERRON, GRACE Name BARRINGTON, BARRY
Address 3900 N. STATE ROAD 7 Address 3900 N STATE RD 7

C/O MERRELL UNITED METHODIST

City Chart 7 in AUDERDALE LAVE

City-State-Zip:

LAUDERDALE LAKES FL 33319-1877

CHURCH

City-State-Zip: LAUDERDALE LAKES FL 33319 Title DIRECTOR

Title DIRECTOR, SECRETARY Name HUDSON, WINTWORTH

Name MITCHELL, DIANNE Address 3900 N STATE RD 7

Address 3900 N STATE RD 7 City-State-Zip: LAUDERDALE LAKES FL 33319-1877

City-State-Zip: LAUDERDALE LAKES FL 33319-1877 Title DIRECTOR

Title DIRECTOR Name CARRINGTON, ANDERSON

Name FULLERTON, CLIFTON Address 3900 N STATE RD 7

Address 3900 N STATE RD 7 City-State-Zip: LAUDERDALE LAKES FL 33319-1877

City-State-Zip: LAUDERDALE LAKES FL 33319-1877

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: COOMBS, FRANKLYN PRESIDENT 04/18/2023