

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701998

Entity Name: ALOMA UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**ALOMA UNITED METHODIST CHURCH
P.O. BOX 181522
CASSELBERRY, FL 32718**Current Mailing Address:**ALOMA UNITED METHODIST CHURCH
PO BOX 181522
CASSELBERRY, FL 32718 US**FEI Number:** 59-6046991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YOUNG, MATTHEW
ALOMA UNITED METHODIST CHURCH
PO BOX 181522
CASSELBERRY, FL 32718 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:** MATTHEW YOUNG

02/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, MANAGEMENT TEAM
Name YOUNG, MATTHEW
Address ALOMA UNITED METHODIST CHURCH
PO BOX 181522
City-State-Zip: CASSELBERRY FL 32718

Title MANAGEMENT TEAM
Name GHANDOUR, RYAN
Address ALOMA UNITED METHODIST CHURCH
PO BOX 181522
City-State-Zip: CASSELBERRY FL 32718

Title MANAGEMENT TEAM
Name NORMAN, BRANDON
Address ALOMA UNITED METHODIST CHURCH
PO BOX 181522
City-State-Zip: CASSELBERRY FL 32718

Title MANAGEMENT TEAM
Name BROWN, ANDREW
Address ALOMA UNITED METHODIST CHURCH
PO BOX 181522
City-State-Zip: CASSELBERRY FL 32718

Title TREASURER
Name STONE, ANNE
Address ALOMA UNITED METHODIST CHURCH
PO BOX 181522
City-State-Zip: CASSELBERRY FL 32718

Title MANAGEMENT TEAM
Name LAMBERT, PRESTON
Address ALOMA UNITED METHODIST CHURCH
PO BOX 181522
City-State-Zip: CASSELBERRY FL 32718

Title MANAGEMENT TEAM
Name BROWN, HANNAH
Address ALOMA UNITED METHODIST CHURCH
PO BOX 181522
City-State-Zip: CASSELBERRY FL 32718

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: ANNE STONE

TREASURER

02/26/2024

Electronic Signature of Signing Officer/Director Detail

Date