

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710190

Entity Name: THE FIRST UNITED METHODIST CHURCH OF DOVER, INC.**Current Principal Place of Business:**MOORES LAKE RD AND METHODIST CHURCH RD
3310 MOORES LAKE RD.
DOVER, FL 33527**Current Mailing Address:**MOORES LAKE RD AND METHODIST CHURCH RD
P O BOX 14
DOVER, FL 33527 US**FEI Number: 59-2876019****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MACDONALD, WILLIAM
1320 BRAHMA DR.
VALRICO, FL 33594 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:** WILLIAM MACDONALD, AGENT

03/31/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D
Name DROWNS, MARILYNN
Address 3342 MOTT RD
City-State-Zip: DOVER FL 33527Title T
Name SUMNER, BETTY
Address 5628 PINE ST
City-State-Zip: SEFFNER FL 33584Title TD
Name ALEX, VALERIE
Address 2215 CROSBY RD
City-State-Zip: VALRICO FL 33594Title D
Name SEWELL, MARSHALL
Address 2565 AL SIMMONS RD
City-State-Zip: DOVER FL 33527Title T
Name MACDONALD, WILLIAM
Address PO BOX 446 N/A
City-State-Zip: VALRICO FL 33595Title T
Name PASS, CAMILLA M
Address P O BOX 327
City-State-Zip: SYDNEY FL 33587

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: CAMILLA PASS**TREASURER**

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date