

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711227

Entity Name: THE FLORIDA UNITED METHODIST FOUNDATION, INC.**Current Principal Place of Business:**450 MARTIN LUTHER KING JR. AVE.
LAKELAND, FL 33815**Current Mailing Address:**PO BOX 3549
LAKELAND, FL 33802 US**FEI Number:** 59-1148710**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 N. HIGHLAND AVENUE
TAMPA, FL 33602 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:** RANDY K. STERNS, VP OF REGISTERED AGENT

01/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, FINANCE AND ADMINISTRATION
Name HICKS, PAMELA W
Address 911 E. HIGHLAND DRIVE
City-State-Zip: LAKELAND FL 33813

Title CHAIRMAN
Name MERCIER, JULIA
Address 508 N. INDIANA AVENUE
City-State-Zip: ENGLEWOOD FL 34223

Title VC
Name WHITE, ROBERT
Address 333 BRASSIE DRIVE
City-State-Zip: ORLANDO FL 32804

Title SECRETARY
Name JUDGE, BEVERLY
Address 435 BOUCHELLE DRIVE, APT 101
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title PRESIDENT
Name BECKER, MARK REV.
Address 3238 BRIDGEFIELD DRIVE
City-State-Zip: LAKELAND FL 33803

Title TREASURER
Name COX, MARGARET
Address 2520 RANCHLAND ACRES ROAD
City-State-Zip: LAKELAND FL 33809

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: MARGARET G COX

TREASURER

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date