I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electron	
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as requi	ired by Chapter 617, Florida Statutes; and that my hame appears
above, or on an attachment with all other like empowered.	
SIGNATURE: ALIDA LANGLEY	04/29/2022

SIGNATURE: ALIDA LANGLEY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 719349

Entity Name: MT. CARMEL METHODIST CHURCH OF FLORAL CITY, INC.

Current Principal Place of Business:

8004 S. FL AVENUE FLORAL CITY, FL 34436

Current Mailing Address:

POST OFFICE BOX 286 FLORAL CITY. FL 34436

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

LANGLEY, ALIDA V 7950 S. CHORON TERRACE BOX 286 FLORAL CITY, FL 34436 US

FILED Apr 29, 2022 Secretary of State 9990782930CC

Date

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	т
Name	DUNHAM-LANGLEY, FLORENCE E	Name	HILLS, SARA
Address	7975 S BEDFORD RD	Address	810 N CHARLES AVE
City-State-Zip:	FLORAL CITY FL 34436	City-State-Zip:	INVERNESS FL 34453
Title	Т	Title	т
Name	JACKSON, RAFAEL	Name	ANDERSON, EARL
Address	1143 S CORNELL TERRACE	Address	6205 HELMLY AVE.
City-State-Zip:	INVERNESS FL 34452	City-State-Zip:	SPRING HILL FL 34608-1220
Title	TRUSTEE		
Name	LANGLEY, ALIDA V		
Address	7950 S CHORON TERRACE		
City-State-Zip:	FLORAL CITY FL 34436		

Date