

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DUNHAM-LANGLEY, FLORENCE E  
Address 7975 S BEDFORD RD  
City-State-Zip: FLORAL CITY FL 34436

Title T  
Name HILLS, SARA  
Address 810 N CHARLES AVE  
City-State-Zip: INVERNESS FL 34453

Title T  
Name WILLIAMS, DORA  
Address P O BOX 93  
City-State-Zip: FLORAL CITY FL 34436

Title T  
Name ANDERSON, EARL  
Address POST OFFICE BOX 363  
City-State-Zip: FLORAL CITY FL 34436

Title TRUSTEE  
Name LANGLEY, ALIDA V  
Address 7950 S CHORON TERRACE  
City-State-Zip: FLORAL CITY FL 34436

*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: ALIDA V. LANGLEY**

**REGISTERING AGENT**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date