

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724157

**Entity Name:** FIRST UNITED METHODIST CHURCH OF CLEARWATER, INC.

**FILED**  
**Feb 12, 2024**  
**Secretary of State**  
**7509534656CC**

**Current Principal Place of Business:**

411 TURNER STREET  
CLEARWATER, FL 33756

**Current Mailing Address:**

411 TURNER STREET  
CLEARWATER, FL 33756

**FEI Number: 59-0747305**

**Certificate of Status Desired: No**

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

STEPHEN O. COLE RA  
625 COURT STREET SUITE 200  
CLEARWATER, FL 33756 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           DIRECTOR  
Name           HUGHEY, EUGENE  
Address        535 S GLENWOOD AVE  
City-State-Zip: CLEARWATER FL 33756

Title           DIRECTOR  
Name           HARTLEY, ELMER  
Address        1239 S MARTIN LUTHER KING JR AVE  
                  A-301  
City-State-Zip: CLEARWATER FL 33764

Title           DIRECTOR  
Name           AUNGST, BRIAN  
Address        2251 LAUREN LANE  
City-State-Zip: CLEARWATER FL 33759

Title           DIRECTOR  
Name           ADIKES, KATHRYN  
Address        201 GULFVIEW LANE  
City-State-Zip: LARGO FL 33770

Title           DIRECTOR  
Name           BLAINE, JANICE  
Address        1432 TEMPLE STREET  
City-State-Zip: CLEARWATER FL 33756

Title           SECRETARY  
Name           HOLLOWAY, ALANA  
Address        2200 GROVEWOOD ROAD  
City-State-Zip: CLEARWATER FL 33764

Title           DIRECTOR  
Name           WORST, AMY  
Address        411 TURNER STREET  
City-State-Zip: CLEARWATER FL 33756

Title           TREASURER  
Name           ZIMMERMAN, TERI  
Address        411 TURNER STREET  
City-State-Zip: CLEARWATER FL 33756

**Continues on page 2**

*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: TERI ZIMMERMAN**

**TREASURER**

**02/12/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name COLE, STEPHEN  
Address 925 BAY ESPLANADE  
City-State-Zip: CLEARWATER FL 33767

Title DIRECTOR  
Name HOLLOWAY, KEN  
Address 411 TURNER STREET  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name MCGRAIL, JOSEPH  
Address 411 TURNER STREET  
City-State-Zip: CLEARWATER FL 33756