

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735902

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**3936176777CC**

**Entity Name:** FLORIDA CONFERENCE COMMITTEE OF UNITED METHODIST MEN, INC.

**Current Principal Place of Business:**

5858 KENWOOD DR  
NORTH PORT, FL 34287

**Current Mailing Address:**

P.O. BOX 8196  
NORTH PORT, FL 34290-8196 US

**FEI Number: 54-2105047**

**Certificate of Status Desired: No**

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

DELANEY, JOHN P  
5858 KENWOOD DR  
NORTH PORT, FL 34287 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: JOHN P DELANEY

04/26/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DELANEY, JOHN  
Address        5858 KENWOOD DR  
City-State-Zip: NORTH PORT FL 34287

Title            VP, DIRECTOR  
Name            MAXWELL, MICHAEL  
Address        292 VILLAGE GREEN AVE  
City-State-Zip: ST JOHNS FL 32259

Title            SECRETARY, DIRECTOR  
Name            GRAY, RICHARD  
Address        7 RUSSMAN LANE  
City-State-Zip: PALM COAST FL 32164

Title            TREASURER, DIRECTOR  
Name            DAMON, SHAWN  
Address        8159 TRIONFO AVE  
City-State-Zip: NORTH PORT FL 34287

Title            VP, DIRECTOR  
Name            DAROCHA, BRIAN  
Address        3702 NW 82ND TERRACE  
City-State-Zip: CORAL SPRINGS FL 33065

*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: JOHN DELANEY

PRESIDENT

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date