

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

DOCUMENT# 740784

**Entity Name:** LENA VISTA UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

690 BERKLEY ROAD  
AUBURNDALE, FL 33823

**Current Mailing Address:**

P.O. BOX 426  
AUBURNDALE, FL 33823-0426

**FEI Number:** 59-2951873

**Certificate of Status Desired:** No

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

COFFMAN, CAROLE  
412 KEUKA DR.  
AUBURNDALE, FL 33823-2228 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 TD  
Name COFFMAN, CAROLE  
Address 412 KEUKA DRIVE  
City-State-Zip: AUBURNDALE FL 33823-2228

Title CD  
Name LOIK, PATRICIA  
Address 1344 INNSBRUCK COURT  
City-State-Zip: WINTER HAVEN FL 33884

Title D  
Name NEWLON, DAWN  
Address 8973 GOLDEN GATE BLVD.  
City-State-Zip: POLK CITY FL 33868

Title CHAIRMAN, D  
Name GREEN, PENNY  
Address 530 S FLORIDA AVENUE  
APT. # 1005  
City-State-Zip: LAKELAND FL 33801-5249

Title DIRECTOR  
Name SINCAVAGE, CAROL A  
Address 204 LAKEVIEW DRIVE  
City-State-Zip: AUBURNDALE FL 33823

Title DIRECTOR  
Name MYLES, CHARLES A  
Address 420 MCELWEE DRIVE  
City-State-Zip: AUBURNDALE FL 33823-2232

Title DIRECTOR  
Name NEWLON, JOHN  
Address 8973 GOLDEN GATE BLVD.  
City-State-Zip: POLK CITY FL 33868

*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:** CAROLE COFFMAN

**TREASURER**

**04/01/2019**

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

\_\_\_\_\_  
Date