

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

DOCUMENT# 757522

**Entity Name:** UNITED METHODIST CHURCH OF SUN CITY CENTER, INC.

**Current Principal Place of Business:**

1971 HAVERFORD AVE  
SUN CITY CNTR, FL 33573

**Current Mailing Address:**

1971 HAVERFORD AVE  
SUN CITY CNTR, FL 33573 US

**FEI Number:** 59-2131662

**Certificate of Status Desired:** Yes

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

WHITT, LINDA  
1971 HAVERFORD AVE  
SUN CITY CENTER, FL 33573 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:** LINDA WHITT

03/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name SIMON, DIANE  
Address 1971 HAVERFORD AVE  
City-State-Zip: SUN CITY CNTR FL 33573

Title TRUSTEE  
Name WINDSOR, RON  
Address 1971 HAVERFORD AVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title TRUSTEE  
Name STROUD, DENNIS  
Address 1210 DEL WEBB BLVD W  
City-State-Zip: SUN CITY CNTR FL 33573

Title FINANCE DIRECTOR  
Name TURNER, WILLIAM  
Address 1971 HAVERFORD AVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title TRUSTEE  
Name GARRETT, ROGER  
Address 1971 HAVERFORD AVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title TRUSTEE  
Name MARKETTA, SANDI  
Address 1971 HAVERFORD AVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title TRUSTEE  
Name HIRCHAK, LAWRENCE  
Address 1971 HAVERFORD AVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title TRUSTEE  
Name DUNLAP, WILLIAM  
Address 1971 HAVERFORD AVE  
City-State-Zip: SUN CITY CENTER FL 33573

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*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:** WILLIAM TURNER

DIRECTOR OF FINANCE

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name LAURENT, CARLYN  
Address 1971 HAVERFORD AVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title TRUSTEE  
Name O'CONNOR, LAURA  
Address 1971 HAVERFORD AVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title TRUSTEE  
Name MARION, LEWIS  
Address 1971 HAVERFORD AVE  
City-State-Zip: SUN CITY CENTER FL 33573