SIGNATURE	E: DIANE SIMON			03/06/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CHAIRMAN	Title	VC	
Name	SIMON, DIANE	Name	BOYER, DAVID	
Address	1332 IDLEWOOD DR	Address	2527 LONIGAN PL	
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	
Title	TRUSTEE	Title	SECRETARY	
Name	DUNLAP, WILLIAM	Name	CARSON, SHARON	
Address	3813 SALIDA DEL SOL	Address	715 FOX HILLS DR	
City-State-Zip:	RUSKIN FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	
Title	TRUSTEE	Title	TRUSTEE	
Name	GALL, EARL	Name	EVANS, ADELAIDE	
Address	1160 CORINTH GREENS DR	Address	982 VILLEROY GREENS	
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	
Title	TRUSTEE	Title	TRUSTEE	
Name	BIBISI, SALVATORE R.	Name	BANFIELD, LLOYD	
Address	2007 HALMROCK PL	Address	807 RICKENBACKER DR	
City-State-Zip:	SUN CITY CENTER FL 33573	City-State-Zip:	SUN CITY CENTER FL 33573	

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

#### DOCUMENT# 757522

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

#### **Current Principal Place of Business:**

1210 DEL WEBB BLVD W SUN CITY CNTR, FL 33573

#### **Current Mailing Address:**

1210 DEL WEBB BLVD W SUN CITY CNTR, FL 33573

# FEI Number: 59-2131662

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

SIMON, DIANE MS. 1210 DEL WEBB BLVD W. SUN CITY CENTER, FL 33573 US

## 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: CARLA MANGANIELLO

ACCOUNTING DIRECTOR 03/06/2019

Electronic Signature of Signing Officer/Director Detail

# Certificate of Status Desired: No

# FILED Mar 06, 2019 Secretary of State 2450207709CC

Date

## **Officer/Director Detail Continued :**

Title	TRUSTEE	Title	ACCOUNTING DIRECTOR
Name	MARTINEZ, ROBERT	Name	MANGANIELLO, CARLA
Address	1519 33RD ST SE	Address	406 CRYSTAL DOWNS CT
City-State-Zip:	RUSKIN FL 33570	City-State-Zip:	SUN CITY CENTER FL 33573