

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765844

**Entity Name:** FIRST UNITED METHODIST CHURCH OF LUTZ, INC.**Current Principal Place of Business:**960 W LUTZ LAKE FERN RD  
LUTZ, FL 33548-5028**Current Mailing Address:**960 W LUTZ LAKE FERN RD  
LUTZ, FL 33548-5028 US**FEI Number:** 59-0751925**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRAY, JOSEPH  
3220 PLEASANT LAKE DR.  
TAMPA, FL 33618 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:** JOSEPH GRAY

03/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name GRAY, JOSEPH  
Address 3220 PLEASANT LAKE DR  
City-State-Zip: TAMPA FL 33618

Title TRUSTEE  
Name DAHM, PETER  
Address 5035 CONNER DR  
City-State-Zip: LAND O' LAKES FL 34639

Title TRUSTEE  
Name ARAUJO, SUZANNE  
Address 11815 CHAILLE RD  
City-State-Zip: LUTZ FL 33558

Title TRUSTEE  
Name BREWER, RON  
Address 919 RAWLINGS CIRCLE  
City-State-Zip: LUTZ FL 33549

Title TRUSTEE  
Name SCHWABEL, LEXIE  
Address 4716 CORSAGE DR.  
City-State-Zip: LUTZ FL 33558

Title TRUSTEE  
Name PUCKETT, KEM  
Address 15406 LAKESHORE VILLA CT  
City-State-Zip: TAMPA FL 33613

Title TRUSTEE  
Name VORHEES, TIM  
Address 908 LAKE THOMAS LANE  
City-State-Zip: LUTZ FL 33548

Title TRUSTEE  
Name LAROSE, ROSE  
Address 1319 ANGLERS LANE  
City-State-Zip: LUTZ FL 33548

**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:** JOSEPH GRAY

TRUSTEE CHAIRMAN

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TRUSTEE
Name	JORDAN, NANCY
Address	23407 SHINING STAR DR
City-State-Zip:	LAND O LAKES FL 34639