

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007927

FILED
Mar 19, 2019
Secretary of State
3553039870CC

Entity Name: EVERGLADES COMMUNITY CHURCH, A UNITED METHODIST CONGREGATION, INC.

Current Principal Place of Business:

20871 JOHNSON STREET
SUITE 101
PEMBROKE PINES, FL 33029

Current Mailing Address:

20871 JOHNSON STREET
SUITE 101
PEMBROKE PINES, FL 33029

FEI Number: 65-0701099

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERALTA, VALERIE
20871 JOHNSON STREET
SUITE 101
PEMBROKE PINES, FL 33029 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: VALERIE PERALTA

03/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title MANAGEMENT TEAM, CO-CHAIR
Name GERHARDT, PAUL
Address 20871 JOHNSON STREET, SUITE 101
City-State-Zip: PEMBROKE PINES FL 33029

Title ADMINISTRATOR
Name PERALTA, VALERIE
Address 20871 JOHNSON STREET, SUITE 101
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGEMENT TEAM
Name FADER, SANDRA
Address 20871 JOHNSON STREET
SUITE 101
City-State-Zip: PEMBROKE PINES FL 33029

Title TRUSTEE
Name MELENDEZ, URANIA
Address 20871 JOHNSON STREET
SUITE 101
City-State-Zip: PEMBROKE PINES FL 33029

Title PASTOR
Name DORSEY, MASON
Address 20871 JOHNSON STREET
SUITE 101
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGEMENT TEAM
Name TADDEO, LAWRENCE
Address 20871 JOHNSON STREET
SUITE 101
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGEMENT TEAM
Name OSTERFELD, DIANE
Address 20871 JOHNSON STREET
SUITE 101
City-State-Zip: PEMBROKE PINES FL 33029

Title MR.
Name MONTGOMERY, MICHAEL
Address 20871 JOHNSON STREET
SUITE 101
City-State-Zip: PEMBROKE PINES FL 33029

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: MASON DORSEY

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date