

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100007927

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

**FILED**  
**Apr 29, 2017**  
**Secretary of State**  
**CC8509069693**

**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: Yes**

**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**

**04/29/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title MANAGEMENT TEAM, CO-CHAIR  
Name OSTERFELD, SCOTT  
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 TURPIN, PEGGY  
Address 20871 JOHNSON STREET, SUITE 101  
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGEMENT TEAM  
Name DELBRIDGE, BRIAN  
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

**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: VALERIE PERALTA**

**ADMINISTRATOR**

**04/29/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           MANAGEMENT TEAM  
Name           MONTGOMERY, MICHAEL  
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