

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

DOCUMENT# N02000009363

**Entity Name:** THE FIRST UNITED METHODIST CHURCH OF PLANT CITY,  
FLORIDA, INC.

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC1933743757**

**Current Principal Place of Business:**

303 NORTH EVERS STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

303 NORTH EVERS STREET  
PLANT CITY, FL 33563

**FEI Number: 59-0725541**

**Certificate of Status Desired: No**

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

TRINKLE, ROBERT S  
121 NORTH COLLINS STREET  
PLANT CITY, FL 33563 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WATKINS, WILLIAM  
Address 3501 W. KNIGHTS GRIFFIN RD  
City-State-Zip: PLANT CITY FL 33565

Title TD  
Name WAINORIS, RANDY  
Address 1703 CHARLESTON WOODS CT.  
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR  
Name PRESCOTT, TIM  
Address 3311 NOHLCREST PL  
City-State-Zip: PLANT CITY FL 33566

Title DIRECTOR  
Name CASTLEBERRY, ED  
Address 3303 MICHENER PL  
City-State-Zip: PLANT CITY FL 33566

Title DIRECTOR  
Name NORMAN, RICK  
Address 3504 OAK CLUB COURT  
City-State-Zip: PLANT CITY FL 33566

*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: RICK NORMAN**

**FINANCE CHAIRMAN**

**04/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date