| Current Principal Place of Business:<br>303 NORTH EVERS STREET<br>PLANT CITY, FL 33563                                                                 |                                          |                 |                           |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------|---------------------------|------------|
| Current Mailing Address:                                                                                                                               |                                          |                 |                           |            |
| 303 NORTH EVERS STREET<br>PLANT CITY, FL 33563                                                                                                         |                                          |                 |                           |            |
| FEI Number: 59-0725541 Ce                                                                                                                              |                                          |                 | Certificate of Status Des | ired: Yes  |
| Name and Address of Current Registered Agent:                                                                                                          |                                          |                 |                           |            |
| CHAPMAN, DAWN M<br>205 N PARSONS AVE<br>BRANDON, FL 33510 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                                                                                                                                              | E: DAWN M. CHAPMAN                       |                 |                           | 03/31/2022 |
|                                                                                                                                                        | Electronic Signature of Registered Agent |                 |                           | Date       |
| Officer/Director Detail :                                                                                                                              |                                          |                 |                           |            |
| Title                                                                                                                                                  | PD                                       | Title           | TD                        |            |
| Name                                                                                                                                                   | NESVACIL, ERWIN                          | Name            | HARRER, JOHN              |            |
| Address                                                                                                                                                | 1119 E KEYSVILLE RD                      | Address         | 2719 KALA LANE            |            |
| City-State-Zip:                                                                                                                                        | PLANT CITY FL 33567                      | City-State-Zip: | PLANT CITY FL 33563       |            |

Title

Name

Address

City-State-Zip:

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: CAROLE WRIGHT

DIRECTOR

DIRECTOR

City-State-Zip: PLANT CITY FL 33565

CHRISTENSEN, CHUCK

THONOTOSASSA FL 33592

7830 W KNIGHTS GRIFFIN RD

13607 MCINTOSH RD

WISGERHOF, NANCY

Title

Title

Name

Address

Name

Address

City-State-Zip:

DIRECTOR

DIRECTOR

WRIGHT, CAROLE

2873 HAMMOCK DR.

PLANT CITY FL 33563

03/31/2022

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N0200009363

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

## FILED Mar 31, 2022 Secretary of State 2762342866CC