

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009137

**Entity Name:** THE MICCOSUKEE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

8841 VETERANS MEMORIAL DRIVE  
MICCOSUKEE, FL 32309

**Current Mailing Address:**

8841 VETERANS MEMORIAL DRIVE  
MICCOSUKEE, FL 32309

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

TROTMAN, DOROTHY K  
14035 GODBOLD RD  
TALLAHASSEE, FL 32309 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 S  
Name TROTMAN, DOROTHY K  
Address 14035 GODBOLD ROAD  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name CROMARTIE, TOM  
Address P. O. BOX 91012  
City-State-Zip: MICCOSUKEE FL 32309

Title D  
Name STRINGER, SID  
Address 6242 W. WASHINGTON ST  
City-State-Zip: MONTICELLO FL 32344

Title P  
Name INMAN, BEN  
Address 8721 LEE REEVES ROAD  
City-State-Zip: TALLAHASSEE FL 32309

Title V  
Name MORRIS, RON  
Address P.O. BOX 91105  
City-State-Zip: MICCOSUKEE FL 32309

Title T  
Name DIXON, KELLY T  
Address 14029 GODBOLD ROAD  
City-State-Zip: TALLAHASSEE FL 32309

*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: DOROTHY K. TROTMAN**

**SECRETARY**

**05/08/2018**

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

\_\_\_\_\_  
Date