

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

DOCUMENT# N08774

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC8753542114**

**Entity Name:** UNITED METHODIST CHURCH OF PARRISH, INC.

**Current Principal Place of Business:**

12140 69TH STREET E  
PARRISH, FL 34219

**Current Mailing Address:**

P O BOX 375  
PARRISH, FL 34219 US

**FEI Number: 59-2384853**

**Certificate of Status Desired: Yes**

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

HANCOCK, WILLIAM H  
5007 WOODLAWN CIR W  
PALMETTO, FL 34221 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            C  
Name            LEONARD, DAVID  
Address        4920 JIM DAVIS RD  
City-State-Zip: PARRISH FL 34219

Title            TREASURER  
Name            HANCOCK, WILLIAM H  
Address        5007 WOODLAWN CIR W  
City-State-Zip: PALMETTO FL 34221

Title            C  
Name            BUSH, SCOTT  
Address        18207 COYOTE CREEK CT  
City-State-Zip: PARRISH FL 34219

Title            TRUSTEE  
Name            MERCER, LYNN  
Address        433 SUNSET CIR N  
City-State-Zip: ELLENTON FL 34222

*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: WILLIAM H HANCOCK**

**TREASURER**

**03/14/2016**

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

\_\_\_\_\_  
Date