

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10325

**Entity Name:** GULF COVE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

1100 MCCALL RD  
PT CHARLOTTE, FL 33981

**Current Mailing Address:**

1100 MCCALL RD  
PT CHARLOTTE, FL 33981 US

**FEI Number: 59-2450154**

**Certificate of Status Desired: Yes**

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

GULF COVE UMC  
1100 MCCALL RD  
PT CHARLOTTE, FL 33981 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: DAWN TESAURO**

**02/23/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name PRIEST, KEN MR  
Address 8779 EAGLE BAY COURT  
City-State-Zip: NORTH PORT FL 34287

Title TRUSTEE  
Name PENTZ, DAVE  
Address 6113 SUNNYBROOK BLVD  
City-State-Zip: ENGLEWOOD FL 34224

Title TRUSTEE  
Name OAKLEY, BILL  
Address 3383 RAIN LILY LANE  
City-State-Zip: ENGLEWOOD FL 34224

Title PRESIDENT  
Name HOPKINS, JOANN  
Address 16 LONG MEADOW LANE  
City-State-Zip: ROTONDA WEST FL 33947

Title TRUSTEE  
Name MOORE, RANDY  
Address 5584 GILLOT BOULEVARD  
City-State-Zip: PORT CHARLOTTE FL 33981

Title TRUSTEE  
Name CURRENT, ALFRED  
Address 13551 FORESMAN BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33981

*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: JOANN HOPKINS**

**CHAIR**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date