

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002133

Entity Name: FIRST UNITED METHODIST CHURCH OF CROSS CITY, INC.**Current Principal Place of Business:**22 NE 138TH ST
CROSS CITY, FL 32628**Current Mailing Address:**PO BOX 380
CROSS CITY, FL 32628**FEI Number:** 45-4935061**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HODGES, ANNE G
85 NE 126 ST
PO BOX 1409
CROSS CITY, FL 32628 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	CHT
Name	MCKINNEY, PHILLIP S
Address	1057 NE 351 HWY PO BOX 43
City-State-Zip:	CROSS CITY FL 32628

Title	T
Name	GAFF, MICHAEL L
Address	35 SE 21 AVE PO BOX 266
City-State-Zip:	CROSS CITY FL 32628

Title	ST
Name	MILLS, BETTY N
Address	540 NE 210 AVE PO BOX 757
City-State-Zip:	CROSS CITY FL 32628

Title	T
Name	DIETER, JOSEPH
Address	22 NE 138TH ST
City-State-Zip:	CROSS CITY FL 32628

Title	T
Name	GEE, JOSEPH
Address	1236 NE 325 AVE PO BOX 2006
City-State-Zip:	CROSS CITY FL 32628

Title	T
Name	CHEWNING, BREANNE
Address	51 NE 112 AVE
City-State-Zip:	OLD TOWN FL 32680

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: BETTY N MILLS

ST

01/20/2017

Electronic Signature of Signing Officer/Director Detail_____
Date