

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000006308

**Entity Name:** INMAN METHODIST FOOD PANTRY AND FELLOWSHIP INC.

**FILED**  
**Jan 31, 2022**  
**Secretary of State**  
**9664852029CC**

**Current Principal Place of Business:**

5815 PICKETTVILLE RD  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

5815 PICKETTVILLE RD  
JACKSONVILLE, FL 32254 US

**FEI Number: 83-0871301**

**Certificate of Status Desired: No**

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

WING, GENEVIEVE R  
5815 PICKETTVILLE RD  
JACKSONVILLE, FL 32254 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 PD  
Name MAXWELL, EARL  
Address 5815 PICKETTVILLE RD  
City-State-Zip: JACKSONVILLE FL 32254

Title TD  
Name MAXWELL, SUZANNE  
Address 5815 PICKETTVILLE RD  
City-State-Zip: JACKSONVILLE FL 32254

Title SD  
Name WING, GENEVIEVE R  
Address 5815 PICKETTVILLE RD  
City-State-Zip: JACKSONVILLE FL 32254

Title D  
Name HOLTON, DALE  
Address 5815 PICKETTVILLE RD  
City-State-Zip: JACKSONVILLE FL 32254

*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: GENEVIEVE WING**

**SECT/TRES**

**01/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date