

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000012954

**Entity Name:** FIRST METHODIST CHURCH OF DUNNELLON, INC.

**Current Principal Place of Business:**

21501 W HWY 40  
DUNNELLON, FL 34431

**Current Mailing Address:**

21501 W HWY 40  
DUNNELLON, FL 34431

**FEI Number:** 92-1250687

**Certificate of Status Desired:** Yes

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

FULFORD, JOSEPH E  
8800 SW 205TH CIR  
DUNNELLON, FL 34431 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 DIRECTOR  
Name WHITE, BOB  
Address 10775 SW 71ST AVE  
City-State-Zip: Ocala FL 34476

Title FC  
Name RILEY, JAMES  
Address 21271 W HWY 40 LOT 42  
City-State-Zip: DUNNELLON FL 34431

Title TREASURER  
Name MCMURRAY, TOM  
Address 9689 SW 190TH TERRACE ROAD  
City-State-Zip: DUNNELLON FL 34431

Title TRUSTEE  
Name GAMACHE, DON  
Address 9339 N HARRIS WAY  
City-State-Zip: DUNNELLON FL 34434

Title PASTOR  
Name FULFORD, JOSEPH E  
Address 8800 SW 205TH CIR  
City-State-Zip: DUNNELLON FL 33431

Title AD  
Name CLAFFEY, MALINDA  
Address 20417 SW 86TH ST  
City-State-Zip: DUNNELLON FL 34431

Title DIRECTOR  
Name WATENPOOL, BARBARA  
Address 8280 SW 202ND TERRACE  
City-State-Zip: DUNNELLON FL 34431

*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:** MALINDA CLAFFEY

**ADMINISTRATOR**

**03/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date