

**2023 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            COO  
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            CFO  
Name            MCMURRAY, TOM  
Address        9689 SW 190TH TERRACE ROAD  
City-State-Zip: DUNNELLON FL 34431

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

Title            P  
Name            FULFORD, JOSEPH E  
Address        8800 SW 205TH CIR  
City-State-Zip: DUNNELLON FL 34431

Title            AD  
Name            CLAFFEY, MALINDA  
Address        20417 SW 86TH ST  
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**

**AD**

**05/08/2023**

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

\_\_\_\_\_  
Date