

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29407

Entity Name: FOREST UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**17635 EAST HIGHWAY 40
SILVER SPRINGS, FL 34488**Current Mailing Address:**17635 EAST HIGHWAY 40
SILVER SPRINGS, FL 34488**FEI Number:** 59-3379858**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOVEDAY, ELAINE MS
18415 SE 58 PLACE
OCKLAWAHA, FL 32179 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:** ELAINE M.S. LOVEDAY

03/19/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name BROWN, WILLIAM
Address 5641 SE 183RD TERRACE
City-State-Zip: OCKLAWAHA FL 32179

Title TRUSTEE
Name WARREN, DALE
Address 2260 SE 177TH AVE.
City-State-Zip: SILVER SPRINGS FL 34488

Title D
Name HEALD, WILLIAM
Address 3800 SE 183RD AVE
City-State-Zip: OCKLAWAHA FL 32179

Title TRUSTEE
Name MASSON, PAULETTE S
Address 18420 SE 58 PL
City-State-Zip: OCKLAWAHA FL 32179

Title TRUSTEE
Name FLANNERY, JAMES
Address 2060 SE 177TH AVE
City-State-Zip: SILVER SPRINGS FL 34488

Title TRUSTEE
Name DAVIS, DOROTHY
Address 1090 SE 174TH CT
City-State-Zip: SILVER SPRINGS FL 34488

Title TRUSTEE
Name CRISCI, STEVE
Address 1700 SE 56TH ST.
City-State-Zip: SILVER SPRINGS FL 34488

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: ELAINE M.S. LOVEDAY

CHAIR OF TRUSTEE

03/19/2013

Electronic Signature of Signing Officer/Director Detail

Date