

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51132

Entity Name: FIRST UNITED METHODIST CHURCH OF TAVARES, FLORIDA, INC.

FILED
Apr 11, 2022
Secretary of State
4352545058CC

Current Principal Place of Business:

600 W. IANTHE STREET
TAVARES, FL 32778

Current Mailing Address:

PO BOX 1086
TAVARES, FL 32778 US

FEI Number: 59-0861877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRIGGS, MICHAEL REV.
600 W. IANTHE ST.
TAVARES, FL 32778 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: REV. MICHAEL S. BRIGGS

04/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name BRESSIN, JOE
Address 2863 MEDITERRANEAN LOOP
City-State-Zip: TAVARES FL 32778

Title TREASURER
Name KILGORE, CHERYL
Address 3546 MANATEE ROAD
City-State-Zip: TAVARES FL 32788

Title TRUSTEE
Name O'NEIL, DAVID
Address 1550 ELKHART CIRCLE
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name VALDEJO, MICHAEL
Address 1604 ORANGE AVE.
City-State-Zip: TAVARES FL 32778

Title CHAIRMAN
Name TARQUINE, RICK
Address 16727 BEAUCLAIRE CT.
City-State-Zip: TAVARES FL 32778

Title TRUSTEE
Name HORNUNG, JOHN
Address 523 BRIGADOON CIRCLE
City-State-Zip: LEESBURG FL 34788

Title TRUSTEE
Name STEELE, NOEL
Address 35B DALE DRIVE
City-State-Zip: TAVARES FL 32778

Title SECRETARY
Name WILLMAN, RON
Address 5480 CHARLESTON AVE.
City-State-Zip: TAVARES FL 32778

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: CHERYL KILGORE

FINANCIAL SECRETARY

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date