

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51132

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**4889735216CC**

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

**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**

**04/30/2021**

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 VICE CHAIR  
Name LINGERFELT, VICKIE  
Address 307 11TH STREET  
City-State-Zip: LEESBURG FL 34748

Title TREASURER  
Name LOVE, DEBORAH  
Address 35817 THRILL HILL ROAD  
City-State-Zip: EUSTIS FL 32736

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

**Continues on page 2**

*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: DEBORAH LOVE**

**TREASURER**

**04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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