

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004360

Entity Name: FLEMING ISLAND UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**7170 U.S. 17
FLEMING ISLAND, FL 32003**Current Mailing Address:**7170 U.S. 17
FLEMING ISLAND, FL 32003**FEI Number: 59-3298525****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS DOLLINGER, TERRI J
2380 MAY GARNER COURT
FLEMING ISLAND, FL 32003 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	V
Name	MOYER, ELAINE
Address	5462 ARBORCREST CT
City-State-Zip:	FLEMING ISLAND FL 32003

Title	TREASURER
Name	BRASHEAR, KAREN
Address	1644 ROYAL FERN LANE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	CHAIRMAN, TRUSTEE COMMITTEE
Name	SWENSON, SCOTT
Address	830 CROSS CREEK DR.
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	PASTOR
Name	HALL, RYAN
Address	477 WYNFIELD CIRCLE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	SECRETARY
Name	BORING, ALLISON
Address	1840 SEA PINES LANE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	CHAIRMAN, FINANCE COMMITTEE
Name	ESCO, GLENDA
Address	2307 CREEKFRONT DRIVE
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	BUSINESS MANAGER
Name	DAVIS DOLLINGER, TERRI J
Address	2380 MAY GARNER COURT
City-State-Zip:	FLEMING ISLAND FL 32003

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: TERRI DAVIS DOLLINGER**FINANCE/BUSINESS
MANAGER****04/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date