| DOCUMENT# N9500004360 | Feb 22, 2024 |
|---|--|
| Entity Name: FLEMING ISLAND UNITED METHODIST CHURCH, INC. | Secretary of State 8468667466CC |
| Current Principal Place of Business: 7170 U.S. 17 FLEMING ISLAND, FL 32003 | 0400007400CC |
| 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: | |
| COPPAGE, VALERIE SECRETARY 7170 U.S. 17 FLEMING ISLAND, FL 32003 US | |
| The above named entity submits this statement for the purpose of changing its registered office or regi | istered agent, or both, in the State of Florida. |
| SIGNATURE: VALERIE COPPAGE | 02/22/2024 |
| Electronic Signature of Registered Agent | Date |
| Officer/Director Detail : | |
| Title CFO Title | PASTOR |
| | |
| Name DEW, WILLIAM E Name | PARRY, FAITH E |
| NameDEW, WILLIAM ENameAddress7170 U.S. 17Address | PARRY, FAITH E 7170 US HIGHWAY 17 |

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: FAITH E. PARRY

PASTOR

02/22/2024

FILED

Electronic Signature of Signing Officer/Director Detail