#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003842

Entity Name: FLORAHOME UNITED METHODIST CHURCH, INC.

FILED
Jan 26, 2015
Secretary of State
CC9796837496

01/26/2015

# **Current Principal Place of Business:**

101 MICHIGAN ST FLORAHOME. FL 32140

# **Current Mailing Address:**

P. O. BOX 238

FLORAHOME. FL 32140 US

FEI Number: 59-2504356 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

LAYER, ELIZABETH .H 181 TINSLEY RD.

\*\*\*\*\*\*\*\*\*\*\*\*

FLORAHOME, FL 32140 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: ELIZABETH H. LAYER

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

TitleTREASURERTitleTRUSTEE CHAIRMANNamePEAVY, DEBBIENameDETHLOFF, GARY NN

Address 148 MARTIN ST. Address 523 WEST HILLSBOROUGH AVE

City-State-Zip: FLORAHOME FL 32140 City-State-Zip: FLORAHOME FL 32140

TitleSECRETARYTitleFINANCE CHAIRPERSONNameWALDMAN, MARYNameLAYER, ELIZABETH HAddress143 NETTLES RDAddress181 TINSLEY RD.

City-State-Zip: FLORAHOME FL 32140 City-State-Zip: FLORAHOME FL 32140

Title SPR CHAIRMAN Title PASTOR

NameHUNTER, CHARLESNameTREMBLAY, LOUISAddress119 INDIAN TRAILAddress125 MELLON RDCity-State-Zip:FLORAHOME FL 32140City-State-Zip:PALATKA FL 32177

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: ELIZABETH H. LAYER

RA

01/26/2015