

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003204

Entity Name: FIRST UNITED METHODIST PRE-SCHOOL, INC.**Current Principal Place of Business:**1500 SOUTH KANNER HIGHWAY
STUART, FL 34994**Current Mailing Address:**P.O. BOX 539
STUART, FL 34995**FEI Number:** 65-0714099**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FOLDS, VICKI LEE
1500 SOUTH KANNER HIGHWAY
STUART, FL 34996 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:** DR. VICKI FOLDS

01/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SEC.
Name NORTH, DARREN
Address 2610 SW REGENCY RD.
City-State-Zip: STUART FL 34997

Title M
Name GEARY, BECKY
Address 10 RIVERVIEW DR
City-State-Zip: STUART FL 34996

Title M
Name JONES, MARY
Address 2001 NE STEVEN AVENUE
City-State-Zip: JENSEN BEACH FL 34957

Title CEO
Name RICHTER, WAYNE
Address 4241 SE SATINLEAF PL
City-State-Zip: STUART FL 34997

Title CHAI
Name RICHTER, WAYNE
Address 4241 SE SATINLEAF PL
City-State-Zip: STUART FL 34997

Title V.CH
Name WELLS, BLANCHE
Address 418/0 SE BUOY LANE
City-State-Zip: STUART FL 34997

Title PRESCHOOL DIRECTOR
Name VICKI FOLDS
Address 1500 S. KANNER HIGHWAY
City-State-Zip: STUART FL 34994

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: VICKI FOLDS

PRESCHOOL DIRECTOR 01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date