

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **703403** (6)  
1. Corporation Name  
**ELIZABETH SWAIM MEMORIAL METHODIST CHURCH, INC.**



Principal Place of Business Mailing Address  
**1620 NALDO AVENUE JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified **01/04/1962** 3a. Date of Last Report **04/27/1995**  
4. FEI Number **59-0662281** Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

## 9. Name and Address of Current Registered Agent

**MOORE, MICHAEL  
2823 JEWELL RD  
JACKSONVILLE FL 32216**

## 10. Name and Address of New Registered Agent

81 Name **Mary Outlaw**  
82 Street Address (P.O. Box Number is Not Acceptable) **1815 Dunsford Road**  
83  
84 City **Jacksonville** FL 85 Zip Code **32207**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Mary Outlaw Treasurer March 15, 1996  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

## 12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BECKHAM, GEORGE	
STREET ADDRESS	1485 GLENDALE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLEN, MADA B.	
STREET ADDRESS	2858 MADRID AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LYLE, LOYD S.	
STREET ADDRESS	3043 INDIAN HILL DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYONS, W.H. JR.	
STREET ADDRESS	821 OLD HICKORY ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POOLE, MERRELL L.	
STREET ADDRESS	4925 GLADE HILL STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BOAL, THOMAS H.	
STREET ADDRESS	1941 LAKEWOOD CIRCLE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H. Boal

March 5, 1996

Date

(904) 733-0132  
(904) 398-3204

Daytime Phone #

CR2E037 (12/95)