

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NON-PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
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 1620 NALDO AVENUE
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-3136



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1962		3a. Date of Last Report 03/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0662281		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OUTLAW, MARY 1815 DUNS FORD ROAD JACKSONVILLE FL 32207				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 1/4/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BECKHAM, GEORGE	1.2 NAME	
STREET ADDRESS	1485 GLENDALE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, MADA B.	2.2 NAME	
STREET ADDRESS	2858 MADRID AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LYLE, LOYD S.	3.2 NAME	
STREET ADDRESS	3043 INDIAN HILL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LYONS, W.H. JR.	4.2 NAME	
STREET ADDRESS	821 OLD HICKORY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	POOLE, MERRELL L.	5.2 NAME	
STREET ADDRESS	4925 GLADE HILL STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BOAL, THOMAS H.	6.2 NAME	
STREET ADDRESS	1941 LAKEWOOD CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE: Thomas H. Boal 1-31-97 (BOA) 350-3211

CR2E037 (9/96)