

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703403** (6)
1. Corporation Name
ELIZABETH SWAIM MEMORIAL METHODIST CHURCH, INC.

Principal Place of Business 1620 MALDO AVENUE JACKSONVILLE FL 32207	Mailing Address 1620 MALDO AVENUE JACKSONVILLE FL 32207
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3. Date Incorporated or Qualified 01/04/1962	
4. FEI Number 59-0662281	Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**OUTLAW, MARY
1615 DUNSFORD ROAD
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

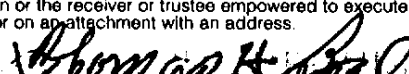
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:  Thomas H. Boal 3/30/98 (904) 398-3204

CP2E037 (10/97)