

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703403

1. Entity Name

ELIZABETH SWAIM MEMORIAL METHODIST CHURCH, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90020 011 ****61.25

Principal Place of Business

Mailing Address

1620 NALDO AVENUE
JACKSONVILLE FL 32207

1620 NALDO AVENUE
JACKSONVILLE FL 32207-3136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0662281

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OUTLAW, MARY
1815 DUNS福德 ROAD
JACKSONVILLE FL 32207

Name

Loyd Lyle

Street Address (P.O. Box Number is Not Acceptable)

3043 Indian Hill Drive

City

Jacksonville

FL

Zip Code

32257

8. 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

March 8, 2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete
NAME BECKHAM, GEORGE
STREET ADDRESS 1485 GLENDALE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE C Trustees ☐ Change ☒ Addition
NAME Joe Hodgins
STREET ADDRESS 4735 Empire Avenue
CITY-ST-ZIP Jacksonville, FL 32207

TITLE V ☐ Delete
NAME FREDERICK, DAVE
STREET ADDRESS 1133 COLOMBO
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME LYLE, LOYD S.
STREET ADDRESS 3043 INDIAN HILL DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LYONS, W.H. JR.
STREET ADDRESS 821 OLD HICKORY ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME ALLEN, ROY
STREET ADDRESS 2858 MADRID AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME BOAL, THOMAS H.
STREET ADDRESS 1941 LAKEWOOD CIRCLE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Curtis Hyers, Financial Secretary, 3/8/2000

Date

Daytime Phone #

CR2E037 (9/99)