

2002 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
May 29, 2002 8:00 am
Secretary of State

05-05-2002 90063 005 ****61.25

DOCUMENT # 703403

1. Entity Name

ELIZABETH SWAIM MEMORIAL METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**1620 NALDO AVENUE
 JACKSONVILLE FL 32207**

**1620 NALDO AVENUE
 JACKSONVILLE FL 32207**

87400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0662281

Applied For

Not Applicable

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

**LOYD, LYLE
 3043 INDIAN HILL DR
 JACKSONVILLE FL 32257**

Name **David Frederick**

Street Address (P.O. Box Number is Not Acceptable)
1133 Colombo St.

City **Jacksonville**

FL

Zip Code
32207

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 *David Frederick* **David Frederick - Chair, Church Council**

April 18, 2002

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

TITLE **D** ☐ Change ☐ Addition
 NAME **Dave Frederick**
 STREET ADDRESS **1133 Colombo St.**
 CITY-ST-ZIP **Jacksonville, FL 32207**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Renee Frederick**
 STREET ADDRESS **1133 Colombo St.**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **T** ☐ Delete
 NAME **HYERS, CURTIS**
 STREET ADDRESS **1226 GLENGARRY ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **FS/T** ☐ Change ☐ Addition
 NAME **Curtis Hyers**
 STREET ADDRESS **1226 Glengarry Rd.**
 CITY-ST-ZIP **Jacksonville, FL 32207**

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

TITLE **T** ☐ Change ☒ Addition
 NAME **Ruth Wilcox**
 STREET ADDRESS **5055 Winchester Dr., S.**
 CITY-ST-ZIP **Jacksonville, FL 32217**

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

TITLE **D** ☐ Change ☐ Addition
 NAME **Thomas H. Boal**
 STREET ADDRESS **1941 Lakewood Circle**
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 *David Frederick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Frederick, Chair, Church Council

4/18/02 Date (904) 786-7301 Phone #

CR2007 (9/01)