2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90040 027 ****61.25

DOCUMENT # 703403

1. Entity Name
ELIZABETH SWAIM MEMORIAL METHODIST CHURCH, INC.

50004206

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

01112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
S/A	S/A
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
FREDERICK, DAVID 854 SOUTH SHORES ROAD JACKSONVILLE, FL 32207	Name: Thomas Watson Street Address (P.O. Box Number is Not Acceptable): 3420 Mayflower St. City: Jacksonville, FL Zip Code: 32205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 1-18-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FREDERICK, DAVE 854 SOUTH SHORES ROAD JACKSONVILLE, FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Watson, Thomas 3420 Mayflower St. Jacksonville, FL 32205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FREDERICK, RENEE 1133 COLOMBO ST. JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Joe Hodgins 4735 Empire Ave. Jacksonville, FL 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HYERS, CURTIS 1226 GLENGARRY ROAD JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT MASZY, GENE 1822 SAN MARCO PL JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT Sherry Krol 1634 Naldo Ave Jacksonville, FL 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LYLE, LOYD 3043 INDIAN HILL DRIVE JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 1-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #