

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90164 036 ****61.25

DOCUMENT # 703403
1. Entity Name
ELIZABETH SWAIM MEMORIAL METHODIST CHURCH, INC.



Principal Place of Business
**1620 NALDO AVENUE
JACKSONVILLE FL 32207**

Mailing Address
**1620 NALDO AVENUE
JACKSONVILLE FL 32207**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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
**FREDERICK, DAVID
1133 COLOMBO ST.
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	FREDERICK, DAVE	
STREET ADDRESS	1133 COLOMBO	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FREDERICK, RENEE	
STREET ADDRESS	1133 COLOMBO ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HYERS, CURTIS	
STREET ADDRESS	1226 GLENGARRY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	CT	<input type="checkbox"/> Delete
NAME	WILCOX, RUTH	
STREET ADDRESS	5055 WINCHESTER DR. S	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOAL, THOMAS H.	
STREET ADDRESS	1941 LAKEWOOD CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gene Maszy	
STREET ADDRESS	1822 San Marco PL.	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 REQUIRED**

4203 904 399 1193

CR2E037 (10/02)