

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **735787** (4)
1. Corporation Name
FORT CAROLINE UNITED METHODIST CHURCH, INC.



Principal Place of Business: **8510 FORT CAROLINE ROAD JACKSONVILLE FL 32277 US**
Mailing Address: **8510 FORT CAROLINE ROAD JACKSONVILLE FL 32277 US**

3. Date Incorporated or Qualified: **05/07/1976**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-1375581**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 8510 Ft. Caroline Road**
2a. Mailing Address: **26 8510 Ft. Caroline Road**
22. Suite, Apt. #, etc.:
23. City & State: **Jacksonville, FL**
24. Zip: **32277-2974** 25. Country: **U.S.A.**
27. Suite, Apt. #, etc.:
28. City & State: **Jacksonville, FL**
29. Zip: **32277-2974** 30. Country: **U.S.A.**

9. Name and Address of Current Registered Agent: **FISHER, JANE H. 12866 RABBIT RUN LANE JACKSONVILLE FL 32246**
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: *Jane H. Fisher* (Typed name of registered agent and block applicable) (Not a Registered Agent signature required when reinstating) DATE: **2/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, C. ROBERT	1.2 NAME	
STREET ADDRESS	3247 SABAL PALM	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATTERFIELD, LARRY E.	2.2 NAME	
STREET ADDRESS	10935 NORTH INDIES DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITCHER, ALLEN W.	3.2 NAME	
STREET ADDRESS	6304 DIANE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, KATHERINE	4.2 NAME	
STREET ADDRESS	3516 TULA DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JANE H.	5.2 NAME	
STREET ADDRESS	12866 RABBIT RUN LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIN, LOIS	6.2 NAME	
STREET ADDRESS	3018 HAMPSTEAD DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	6.4 CITY - ST - ZIP	
		7.1 TITLE	D
		7.2 NAME	REDFOOT, Frank E.
		7.3 STREET ADDRESS	5940 Covered Creek Lane
		7.4 CITY - ST - ZIP	Jacksonville, FL 32277

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jane H. Fisher* Jane H. Fisher DATE: **2/12/96** Daytime Phone #: **904-363-4478**

CR2E037 (12/95)