

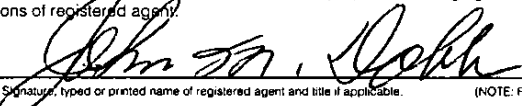
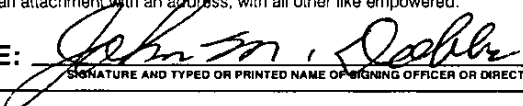


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90087 001 ****61.25

DOCUMENT # 735787					
1. Entity Name FORT CAROLINE UNITED METHODIST CHURCH, INC.					
Principal Place of Business 8510 FT CAROLINE ROAD JACKSONVILLE, FL 32277-2974 US		Mailing Address 8510 FT CAROLINE ROAD JACKSONVILLE, FL 32277-2974 US		<p style="text-align: center; font-size: 24pt;">50033300</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02022005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1375581	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOBBS, JOHN M 13888 PLEASANT VALLEY DR. JACKSONVILLE, FL 32225				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. The above named entity admits 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 		3/7/05		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	C	<input type="checkbox"/> Delete	TITLE	VC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRODIE, JEFF		NAME	White, Houston	
STREET ADDRESS	4647 HARTMAN R.D		STREET ADDRESS	11026 Harbor Cay Ct.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EICK, JAN		NAME	Adams, Roseann	
STREET ADDRESS	3957 OCTAVE DR.		STREET ADDRESS	6679 Marblow Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBBS, JOHN M		NAME	Gilmore, Alice	
STREET ADDRESS	13888 PLEASANT VALLEY DR.		STREET ADDRESS	3669 Shawnee Shores Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALIN, ED		NAME	Anderson, Morgan	
STREET ADDRESS	11293 DERRINGER CIRCLE S.		STREET ADDRESS	1235 Trails End	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, JAMES		NAME	Bell, Susan	
STREET ADDRESS	8460 FT. CAROLINE RD.		STREET ADDRESS	3553 Villa Place	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY, WAYNE		NAME	Sorensen, Chris	
STREET ADDRESS	8017 MARSEILLES DR.		STREET ADDRESS	3949 Arbor Lake Dr. W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	Jacksonville, FL 32225	
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: 		3/7/05		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	