

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22931

FILED  
Mar 09, 2012  
Secretary of State

**Entity Name:** ARLINGTON UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

1400 UNIVERSITY BOULEVARD N.  
C/O CARL SCOTT SCHULER  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

1400 UNIVERSITY BOULEVARD N.  
C/O CARL SCOTT SCHULER  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 59-6011517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHULER, CARL S  
640 CESERY BOULEVARD  
250  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** REGISTER, DOUGLAS  
**Address:** 3849 SANDY SHORES DR  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** T  
**Name:** CHESTER, TOM J  
**Address:** 825 LEONIE CIR  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** T  
**Name:** KELLY, EARL J  
**Address:** 5514 DARLOW AVE  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** C  
**Name:** HAGAN, EUGENE JR.  
**Address:** 3932 SARAH BROOKE CT  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** T  
**Name:** NEAL, STEWART  
**Address:** 10519 WELLINGTON SPRINGS WAY  
**City-St-Zip:** JACKSONVILLE, FL 32221

**Title:** V  
**Name:** OWENS, TOM  
**Address:** 5308 S. RIVER ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32211

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** EUGENE HAGAN, JR.

C

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date