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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N32013** **(7)**

1. Corporation Name

FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, I NC.

Principal Place of Business	Mailing Address
4000 SPRING PARK RD JACKSONVILLE FL 32207 US	4000 SPRING PARK RD JACKSONVILLE FL 32207-5742 US

3. Date Incorporated or Qualified: 04/28/1989
3a. Date of Last Report: 07/08/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-0696290 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

HOWELL, MARGARET H REV
4000 SPRING PARK RD
JACKSONVILLE FL 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBBIE, GORDON P		1.2 NAME	
STREET ADDRESS	7241 OLD KINGS RD. S. #44		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217-3390		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MACARAGES, JACK D		2.2 NAME	Thomas Tyson, Vice Chairman
STREET ADDRESS	2866 NICHOLAS CIR WEST		2.3 STREET ADDRESS	3226 Glendyne Dr. W. & Director
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, ROBERT EUGENE		3.2 NAME	
STREET ADDRESS	4803 RUCKNER RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, EVELYN		4.2 NAME	Brightwell, Geraldine, Secretary &
STREET ADDRESS	3806 ORLANDO CIR. W.		4.3 STREET ADDRESS	4411 DeKalb Ave. Director
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRIGHTWELL, GERALDINE E		5.2 NAME	Peavy, Sharon, Director
STREET ADDRESS	4411 DEKALB AVE		5.3 STREET ADDRESS	5103 Damascus Rd., N.
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SHUTTERLY, RICHARD		6.2 NAME	
STREET ADDRESS	3600 CEDAR DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: Gordon P Robbie 1/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0004950