2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90271 028 ****61.25

DOCUMENT # N32013

1. Entity Name
FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, INC.

20041313

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

01192005   Chg-NP   CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number
59-0696290

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LONG, JIM 12426 GATELY OAKS LANE E JACKSONVILLE, FL 32225	Name Maiolo, Robert Street Address (P.O. Box Number is Not Acceptable) 10258 Cypress Lakes Dr. City Jacksonville FL Zip Code 32256

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 _Robert Maiolo_   Robert Maiolo, Chair   1/24/2005
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2005

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VDVC	☐ Delete	TITLE	C Robert Maiolo	☐ Change ☒ Addition
NAME	SABOL, JOAN		NAME		
STREET ADDRESS	5016 RIVER PT RD		STREET ADDRESS	10258 Cypress Lakes Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	ROBBIE, GORDON		NAME	Irene Racine	
STREET ADDRESS	5000 SAN JOSE BLVD #123		STREET ADDRESS	1505 Nicholson Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VD	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	DANIEL, SANDY		NAME	Linda Pickett	
STREET ADDRESS	3395 PICKWICK DR S		STREET ADDRESS	2704 Elisa Dr. E	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	C	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LONG, JAMES		NAME	Maxine Westbrook	
STREET ADDRESS	12426 GATELY OAKS LANE E		STREET ADDRESS	2962 Cobblestone Cir. W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	DS	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	PIXLEY, ROSEMARIE E		NAME	Sam Crews	
STREET ADDRESS	2232 SCHUMACHER AVE		STREET ADDRESS	5628 Milmar Dr. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SCOGGINS, JIMMIE S		NAME	Carlos Arguelles	
STREET ADDRESS	725 MONTERGO RD E		STREET ADDRESS	2416 Holmes St.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	Jacksonville, FL 32207	

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: _Robert Maiolo_   3-14-'05   904-443-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #