

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735787

**Entity Name:** FORT CAROLINE UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

8510 FT CAROLINE ROAD  
JACKSONVILLE, FL 32277-2974

**Current Mailing Address:**

8510 FT CAROLINE ROAD  
JACKSONVILLE, FL 32277-2974 US

**FEI Number:** 59-1375581

**Certificate of Status Desired:** No

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

ALEXANDER, BRUCE P TRUSTEE  
7925 MERRILL RD APT 2509  
JACKSONVILLE, FL 32277 US

*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:** BRUCE P ALEXANDER

04/27/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name ALEXANDER, BRUCE P  
Address 7925 MERRILL RD APT 2509  
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE  
Name ALEXANDER, JOE  
Address 14111 PLEASANT POINT LANE  
City-State-Zip: JACKSONVILLE FL 32225

Title FINANCE CHAIRMAN  
Name GREEN, JAMES  
Address 1111 FT CAROLINE ROAD  
City-State-Zip: JACKSONVILLE FL 32277

Title TREASURER  
Name ALEXANDER, CONNIE  
Address 14111 PLEASANT POINT LN  
City-State-Zip: JACKSONVILLE FL 32225

Title STAFF PARRISH CHAIR  
Name WHEELER, TIM  
Address 3980 BESS RD  
City-State-Zip: JACKSONVILLE FL 32277

*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:** CONNIE ALEXANDER

TREASURER

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date