

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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:**

BYWATERS, CARLTON  
11242 ISLAND CLUB LANE  
JACKSONVILLE, FL 32225 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:** CARLTON BYWATERS

04/10/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name BYWATERS, CARLTON  
Address 11242 ISLAND CLUB LAND  
City-State-Zip: JACKSONVILLE FL 32225

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

Title T  
Name DURST, BOB  
Address 6211 EASTWOOD LANE  
City-State-Zip: JACKSONVILLE FL 32211

Title T  
Name GILMORE, ALICE  
Address 3669 SHAWNEE SHORES DR.  
City-State-Zip: JACKSONVILLE FL 32225

Title TRUSTEE  
Name LEGARI, DAWN  
Address 147 W. 61ST STREET  
City-State-Zip: JACKSONVILLE FL 32208

Title FINANCE CHAIRMAN  
Name HOUSTON, CLYDE  
Address 6506 FERBER 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:** JOE ALEXANDER

**TREASURER**

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date