

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007483

**FILED**  
**Apr 29, 2018**  
**Secretary of State**  
**CC1712686222**

**Entity Name:** EBENEZER UNITED METHODIST CHURCH JACKSONVILLE, INC

**Current Principal Place of Business:**

9114 NORFOLK BLVD  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

9114 NORFOLK BLVD  
JACKSONVILLE, FL 32208 US

**FEI Number:** 59-1675965

**Certificate of Status Desired:** Yes

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

THOMPSON, DEBORAH  
1202 GREEN CAY AVE  
JACKSONVILLE, FL 32233 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:** DEBORAH THOMPSON

04/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRPERSON  
Name FORD, THOMASINA  
Address 5913 FLORADALE DR  
City-State-Zip: JACKSONVILLE FL 32209

Title TREA  
Name LOGAN, UGENE  
Address 1251 BECKNER AVE  
City-State-Zip: JACKSONVILLE FL 32218

Title TRUSTEE CHAIR  
Name LUCAS, HEZEKIAH  
Address 6696 NORTH SHORE LN  
City-State-Zip: JACKSONVILLE FL 32208

Title LAY MEMBER TO ANNUAL CONFERENCE  
Name FORD, THOMASINA J  
Address 5913 FLORADALE DR  
City-State-Zip: JACKSONVILLE FL 32209

Title FINANCE SECRETARY  
Name TONEY, ETHEL  
Address 5073 DOSTIE DR.  
City-State-Zip: JACKSONVILLE FL 32208

Title ALTERNATE LAY MEMBER TO ANNUAL CONFERENCE  
Name REID, WILLIAM  
Address 1849 DAYTONA LANE  
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY/MEMBERSHIP SECRETARY  
Name SCHELL, JACKIE  
Address 9753 DEVONSHIRE BLVD  
City-State-Zip: JACKSONVILLE FL 32208

Title YOUNG ADULT  
Name MCGRUDER, TARYN  
Address 6443 THURGOOD CIRCLE  
City-State-Zip: JACKSONVILLE FL 32219

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*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:** HEZEKIAH LUCAS

TRUSTEE CHAIR

04/29/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title LAY LEADERSHIP COMMITTEE  
Name FORD, THOMASINA J  
Address 5913 FLORADALE DR  
City-State-Zip: JACKSONVILLE FL 32208

Title MEMBER AT LARGE  
Name FUNCHES, PENNIE  
Address 5845 FELIX DR. S  
City-State-Zip: JACKSONVILLE FL 32219