

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007483

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC4746829344**

**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:** No

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

BAILEY, WILLIE JSR.  
11447 SARASOTA LN  
JACKSONVILLE, FL 32218 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VICE CHAIR  
Name LOGAN, EUGENE  
Address 1251 BECKNER AVE  
City-State-Zip: JACKSONVILLE FL 32218

Title CHAIRPERSON  
Name REID, WILLIAM  
Address 1849 DAYTONA LANE  
City-State-Zip: JACKSONVILLE FL 32218

Title TREA  
Name CHRISTIE, MARY A  
Address 7637 LUEDERS AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title TRUSTEE CHAIR  
Name FIELDS, CLARENCE  
Address 2144 COURTNEY DR.  
City-State-Zip: JACKSONVILLE FL 32208

Title SPRC  
Name SCHELL, ERROL  
Address 5919 LUSAID DR.  
City-State-Zip: JACKSONVILLE FL 32209

Title LAY MEMBER TO ANNUAL CONFERENCE  
Name LOGAN, EUGENE  
Address 1251 BECKNER AVE.  
City-State-Zip: JACKSONVILLE FL 32218

Title FINANCE SECRETARY/FINANCE CHAIR  
Name SCHELL, WARREN  
Address 9753 DEVONSHIRE BLVD  
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

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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:** WARREN W. SCHELL III

**CHAIR OF FINANCE**

**04/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY/MEMBERSHIP SECRETARY  
Name MCGRUDER, MICHELLE  
Address 6443 THURGOOD CIRCLE  
City-State-Zip: JACKSONVILLE FL 32219

Title YOUNG ADULT  
Name WILCOX, KENYANNA  
Address 5411 WESTLAND STATION RD.  
City-State-Zip: JACKSONVILLE FL 32244

Title LAY LEADERSHIP COMMITTEE  
Name BAILEY, WILLIE  
Address 11447 SARASOTA LANE  
City-State-Zip: JACKSONVILLE FL 32218