

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

DOCUMENT# N22931

**Entity Name:** ARLINGTON UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**1400 UNIVERSITY BOULEVARD N.  
C/O CARL SCOTT SCHULER  
JACKSONVILLE, FL 32211**Current Mailing Address:**1400 UNIVERSITY BOULEVARD N.  
C/O CARL SCOTT SCHULER  
JACKSONVILLE, FL 32211**FEI Number:** 59-6011517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHULER, CARL S  
640 CESERY BOULEVARD  
250  
JACKSONVILLE, FL 32211 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           TREASURER  
Name           HOLTON, WALTER L  
Address        4304 FERN CREEK DR  
City-State-Zip: JACKSONVILLE FL 32277

Title           TRUSTEE  
Name           MASON, BARBARA  
Address        7886 GLEN ECHO RD N  
City-State-Zip: JACKSONVILLE FL 32211

Title           VC  
Name           BECK, ROBERT  
Address        5468 RIVER TRAIL RD N  
City-State-Zip: JACKSONVILLE FL 32277

Title           TRUSTEE  
Name           EDGERTON, SUSAN  
Address        7717 ELVIA DR  
City-State-Zip: JACKSONVILLE FL 32211

Title           CHAIRMAN  
Name           HAGAN, EUGENE  
Address        3932 SARAH BROOKE CT  
City-State-Zip: JACKSONVILLE FL 32277

Title           SECRETARY  
Name           COURTNEY, BELITA  
Address        3559 JACONA DR  
City-State-Zip: JACKSONVILLE FL 32277

Title           TRUSTEE  
Name           BOARD, HELEN  
Address        5946 HOLLY BAY DR  
City-State-Zip: JACKSONVILLE FL 32211

*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:** WALTER HOLTON

TREASURER

03/14/2022

Electronic Signature of Signing Officer/Director Detail

Date