

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32013

Entity Name: FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, INC.**Current Principal Place of Business:**4000 SPRING PARK RD
JACKSONVILLE, FL 32207**Current Mailing Address:**4000 SPRING PARK RD
JACKSONVILLE, FL 32207 US**FEI Number: 59-0696290****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LONG, JAMES A
12301 KERNAN FOREST BLVD
#505
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T
Name	BIDWELL, WARREN
Address	230 LEATHERLEAF DR.
City-State-Zip:	JACKSONVILLE FL 32225

Title	TC
Name	LONG, JAMES ACHURCH
Address	12301 KERNAN FOREST BLVD #505
City-State-Zip:	JACKSONVILLE FL 32225

Title	T
Name	SABOL, JOAN
Address	5016 RIVER POINT RD
City-State-Zip:	JACKSONVILLE FL 32207

Title	T
Name	PIXLEY, MARK
Address	2232 SCHUMACHER AVE
City-State-Zip:	JACKSONVILLE FL 32207

Title	T
Name	JULIE, SECHRIST
Address	9640 WEXFORD ROAD
City-State-Zip:	JACKSONVILLE FL 32257

Title	T
Name	WESTBROOK, MAXINE
Address	2962 COBBLESTONE CIR. W
City-State-Zip:	JACKSONVILLE FL 32225

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: JAMES A. LONG**CHAIR OF TRUSTEES****03/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date