

2019 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:**PENNEY, EVELYN
2149 HUNTSFORD RD
JACKSONVILLE, FL 32207 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:** EVELYN PENNEY

04/03/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title CO-TRUSTEE
Name BEVILLE, MICHAEL
Address 2511 PROVOST RD E
City-State-Zip: JACKSONVILLE FL 32216

Title CO-TRUSTEE
Name SHUTTERLY, RICHARD L
Address 2539 LOWELL AVE
City-State-Zip: JACKSONVILLE FL 32254

Title CO-TRUSTEE
Name DANIEL, SANDY
Address 3395 PICKWICK DR S
City-State-Zip: JACKSONVILLE FL 32257

Title TRUSTEE
Name PENNEY, EVELYN
Address 2149 HUNTSFORD RD
City-State-Zip: JACKSONVILLE FL 32207

Title CO-TRUSTEE
Name IZQUIERDO, GUIDO
Address 2421 STEIN STREET
City-State-Zip: JACKSONVILLE FL 32216

Title CO-TRUSTEE
Name KAMARA, JAMES
Address 2808 MELHOLLIN DR.
City-State-Zip: JACKSONVILLE FL 32216

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: EVELYN PENNEY

TRUSTEE CHAIR

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date