

2020 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

03/11/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

03/11/2020

Electronic Signature of Signing Officer/Director Detail

Date