

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 19, 2017
Secretary of State
CC3250234259

Entity Name: SIMPSON MEMORIAL UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1114 CLEVELAND STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

P. O. BOX 2424
JACKSONVILLE, FL 32203 US

FEI Number: 59-1611643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWRENCE, BARRINER QSR.
1114 CLEVELAND STREET
JACKSONVILLE, FL 32209 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 TRUSTEE
Name ORR, MARCUS
Address 8416 FINCH AVENUE EAST
City-State-Zip: JACKSONVILLE FL 32219

Title TREASURER
Name BLISSITT, MASCELIA SHANNON
Address 5741 OPREY STREET
City-State-Zip: JACKSONVILLE FL 32208

Title FINANCE CHAIR
Name BAILEY, VIOLET V
Address 8473 CHARLESGATE CIRCLE WEST
City-State-Zip: JACKSONVILLE FL 32244

Title TRUSTEE
Name MITCHELL, PATRICIA
Address 5365 OAK BAY DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32211

Title TRUSTEE
Name TAPPIN, JOEL
Address 7225 KARENITH DRIVE
City-State-Zip: JACKSONVILLE FL 32210

Title TRUSTEE
Name KIRBY, ALETHIA
Address 2163 WEST 16TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title TRUSTEE
Name BRINSON, DERECK
Address 1639 DOVER HILL DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title TRUSTEE
Name TUCKER, HORACE
Address 2346 EAGLE HARBOR PARKWAY
City-State-Zip: FLEMING ISLAND FL 32003

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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: MASCELIA S. BLISSITT

TREASURER

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name COLEMAN, BEATRICE
Address 9644 FLECHETTE AVENUE
City-State-Zip: JACKSONVILLE FL 32208