2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #703403

FILED Mar 15, 2006 8:00 am Secretary of State 02-27-2006 90107 025 ****61.25

1. Entity Nam ELIZABE INC.	e TḤ SWAIM MEMORIAL ME -							
Principal Place of Business 1620 NALDO AVENUE JACKSONVILLE, FL 32207		Mailing Address 1620 NALDO AVENUE JACKSONVILLE, FL 32207		LICAM HARN POTA	66005341			
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042006 C	hg-NP CR2E0	37 (11/05)		
City & State		City & State		4. FEI Number 59-066228	31	1-4	plied For Applicable	
Zip	Country	Zíp	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Add	tress of New Registered	Agent	,	
-WATSON, THOMAS 3420 MAYFLOWER ST JACKSONVILLE, FL 32205				Street Address (P.) Box Number is Not Acceptable and Ref. R. L. City 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.				
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or protect name of registered agent and title 4 expectation. (NOTE: Registered Agent signature required when remaining) DATE								
: Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campa Trust Fund Con				\$5.00 May Be Added to Fees	Make chec Florida Depar	k payable to runent of St		
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	10	
; DITE	CD	☐ Delete	TITLE			Change	Addition	
NAME STREET ADORESS	WATSON, THOMAS 3420 MAYFLOWER ST		NAME STREET ADDRESS					
CITY-SI-ZIP	JACKSONVILLE, FL 32205		CITY-ST-DP				l	
TITLE	CD	☐ Delete	ITILE			☐ Change	Addition	
NAME	HODGINS, JOE		MAKE					
STREET ADDRESS	4735 EMPIRE AVE	•	STREET ADDRESS					
CITY-SI-ZIP	JACKSONVILLE, FL 32207		CITY-ST-7IP					
TITLE	ST CHETTO	☐ Delete	TIFLE			Change	Addition	
NAME STREET ADDRESS	HYERS, CURTIS 1226 GLENGARRY ROAD		NAME STREET ADDRESS				ſ	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	,	CITY-ST- AP					
TITLE	СТ	Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Cheage	Addition	
NAME	KROL, SHERRY	Y	NAME					
STREET ADDRESS	1634 NALDO AVE		STREET ADORESS CITY-ST-21P				i	
CITY-ST-ZIP	JACKSONVILLE, FL 32207							
TITLE NAME	CD LYLE, LOYD	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	3043 INDIAN HILL DRIVE		STREET ADDRESS				1	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-77P	_	-			
MIE		☐ Delete	tifl£ (Char Inuste		Change	Addition	
NAME			HAME	CLAIR R. L	Clerc RL		У.	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	4916 SAN	The FL 32	2217		
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with a suddress, with all other like empowered.								
0.00		I dendited	74/	12	12.86 1	131-01	9.J)	

SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF BIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

SWAIM MEMORIAL UNITED METHODIST CHURCH 1620 NALDO AVENUE JACKSONVILLE, FL 32207

Subject: SWAIM MEMORIAL UNITED METHODIST CHURCH

Reference Number:

090000024884

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM

ANNUAL REPORTS SECTION

21006

Os the char was not netrund, enclosed is the report completed

to match the check t

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