

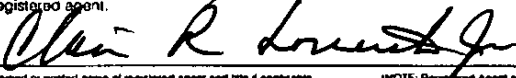


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90107 025 \*\*\*\*61.25

<b>DOCUMENT # 703403</b> 1. Entity Name <b>ELIZABETH SWAIM MEMORIAL METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>1620 NALDO AVENUE JACKSONVILLE, FL 32207</b>			Mailing Address <b>1620 NALDO AVENUE JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">66005341</div>  <div style="font-size: 10px;">01042006 Chg-NP CR2E037 (11/05)</div>	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>59-0662281</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WATSON, THOMAS 3420 MAYFLOWER ST JACKSONVILLE, FL 32205</b>				7. Name and Address of New Registered Agent Name <b>CLAIR R. Loverick Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>4916 SAN CLERC RD</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32217</b>	
8. 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  DATE <b>3-10-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WATSON, THOMAS 3420 MAYFLOWER ST JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HODGINS, JOE 4735 EMPIRE AVE JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HYERS, CURTIS 1226 GLENGARRY ROAD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT KROL, SHERRY 1634 NALDO AVE JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete			
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ATTACHMENT

66005341

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:

000000024884

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

3-10-06

*As the check was not  
returned, enclosed is  
the report completed  
to match the check  
held by your dept  
Thanks  
Bob Liguori  
Director*