2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 08, 2007 8:00 am Secretary of State

05-08-2007 90012 001 ****61.25

DOCUMENT #703403 1. Entity Name

INC.	11 H SWAIM MEMORIAL ME	ETHODIST CHURCH,						
Principal Place of Business Mailing Address 1620 NALDO AVENUE 1620 NALDO AVENUE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 322			07		nmimimiwed 4070oraa		1617 N 1811	
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	J. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252007	Chg-NP CF	R2E037 (12/06)		
City & State		City & State		4. FEI Number 59-06622	81	[pplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Ad Fee Require		
<u></u>	6. Name and Address of Current	Registered Agent		7. Name and Ad	idress of New Regist	ered Agent	·	
LOVERICH, CLAIA R JR			Name	Name				
4516 SAW CLERE RD JACKSONVILLE, FL 32217			Street Address		s Not Acceptable)		-	
			City			FL Zip Coo	le	
	e named entity submits this statement for	or the purpose of changing its	egistered office o	r registered agent, or both,	in the State of Florida,		and accept	
2								
SIGNATURE	Signature, typed or printed harne of registered agent	t end tate if applicable. (NOTE:	Registered Agent signal	ure required when remastrig)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.					
,	-			\$5.00 May Be Added to Fees		check payable t Department of S	_	
10.	OFFICERS AND D	Trust Fund Co		Added to Fees		Department of S	tate	
TITLE	OFFICERS AND DI	Trust Fund Co	ontribution.	Added to Fees	Florida (Department of S	tate	
	OFFICERS AND DI CD WATSON, THOMAS	Trust Fund Co	Ontribution. 11. TITLE NAME	Added to Fees	Florida (Department of S	tate v 10	
TITLE NAME	OFFICERS AND DI	Trust Fund Co	ontribution.	Added to Fees	Florida (Department of S	tate v 10	
TITLE NAME STREET ADDRESS	OFFICERS AND DI CD WATSON, THOMAS 3420 MAYFLOWER ST	Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS	Added to Fees	Florida (Department of S	tate v 10	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI CD WATSON, THOMAS 3420 MAYFLOWER ST JACKSONVILLE, FL 32205 CD HODGINS, JOE	Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida (Department of S ND DIRECTORS IN Change	tata v 10 Addition	
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12. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

orlevel

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