


**2005 NOT-FOR-PROFIT CORPORATION  
-ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 706939</b>		
1. Entity Name <b>WESLEY FELLOWSHIP, INC., A UNITED METHODIST CHURCH</b>		
Principal Place of Business <b>5400 PEARL STREET JACKSONVILLE, FL 32208</b>	Mailing Address <b>5400 PEARL STREET JACKSONVILLE, FL 32208</b>	



01202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0970319</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHUPP, CARLTON E  
249 W. 46TH STREET  
JACKSONVILLE, FL 32208**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENTRY, WILLIAM 212 BAISDEN ROAD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHUPP, CARLTON E 249 W. 46TH STREET JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, JAMES V 11126 WOODLUM DR W JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, LEWIS 260 W. 62ND STREET JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOKE, JOHN 7837 CAXTON CIRCLE W JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRICK, CARL 430 W. 47TH STREET JACKSONVILLE, FL 32208

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IN THIS SPACE**

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02/24/05-80065-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.

**SIGNATURE:** J. V. Oake **2-23-05 904-355-4523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #