


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706939**  
 1. Entity Name  
**WESLEY FELLOWSHIP, INC., A UNITED METHODIST CHURCH**



Principal Place of Business 5400 PEARL STREET JACKSONVILLE, FL 32208	Mailing Address 5400 PEARL STREET JACKSONVILLE, FL 32208
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03062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0970319	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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 04/22/06-80020-003 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby 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 an address, with all other like empowered.

SIGNATURE: James V. Blake J. V. Blake  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06 904-355-4523  
Date Daytime Phone #