



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 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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DO NOT WRITE IN THIS SPACE



02212008 No Chg-NP CR2E037 (4/06)

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 entry 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000885996 04/18/08-80037-001 70.00
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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 WOODELM 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 PHELPS, HENRY P 14847 REEF DR W JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRICK, CARL 430 W. 47TH STREET JACKSONVILLE, FL 32208

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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	4/7/08	(904) 355-4573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #