

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 708277

1. Entity Name
**ST. PAUL METHODIST CHURCH OF JACKSONVILLE,
INC.**



Principal Place of Business
**8264 LONE STAR ROAD
JACKSONVILLE, FL 32211**

Mailing Address
**8264 LONE STAR ROAD
JACKSONVILLE, FL 32211**



05142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1000142

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, THOMAS
3981 HIEDI RD. W.
JACKSONVILLE, FL 32211**

**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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	TORRES, THOMAS
STREET ADDRESS	3981 HIEDI RD W
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	HOLCOMBE, JOHN
STREET ADDRESS	8551 BURKHALL STREET
CITY-ST-ZIP	JACKSONVILLE, FL 322115049
TITLE	D
NAME	HELFRICH, RAY G
STREET ADDRESS	3371 SARA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	D
NAME	MOORE, JAMES R
STREET ADDRESS	1540 SAMONTEE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 322115199
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-14-08 (904) 396-2164