2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# 708277

Entity Name: ST. PAUL METHODIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

8264 LONE STAR ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

8264 LONE STAR ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-1000142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: TORRES, THOMAS
Address: 3981 HIEDI RD W
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: HOLCOMBE, JOHN
Address: 8551 BURKHALL STREET
City-St-Zip: JACKSONVILLE, FL 322115049

Title: D ( ) Delete
Name: HELFRICH, RAY G
Address: 3371 SARA DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete
Name: MOORE, JAMES R
Address: 1540 SAMONTEE RD.
City-St-Zip: JACKSONVILLE, FL 322115199

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS TORRES T 05/20/2009
Electronic Signature of Signing Officer or Director — Date