

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708277

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**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 ( )**

**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  
**Name:** TORRES, THOMAS  
**Address:** 3981 HIEDI RD W  
**City-St-Zip:** JACKSONVILLE, FL

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

**Title:** D  
**Name:** HAVEY, RAY T  
**Address:** 12356 TIGER CREEK LANE  
**City-St-Zip:** JACKSONVILLE, FL 32225

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

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS TORRES

T

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date