


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717905 (4)**  
1. Corporation Name  
**JACKSONVILLE DISTRICT UNITED METHODIST BOARD OF CHURCH DEVELOPMENT, INC.**

Principal Place of Business <b>1415 LA SALLE STREET JACKSONVILLE FL 32207-0196</b>	Mailing Address <b>1415 LA SALLE STREET JACKSONVILLE FL 32207-0196</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>01/16/1970</b>
4. FEI Number <b>59-6045472</b>
Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**RIDDLE, BARBARA W.  
1415 LASALLE ST.  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81 Name <b>Hill, Teresa L.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1415 LaSalle Street</b>
83
84 City <b>Jacksonville</b>
85 Zip Code <b>FL 32207</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Teresa L. Hill **Teresa L. Hill** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	RINAMAN, KIM
3661 JOSE TERRACE	JACKSONVILLE FL
CITY - ST - ZIP	
VD	BURKHOLDER, ANNE
801 CENTRE STREET	FERNANDINA BEACH FL
CITY - ST - ZIP	
TD	HASTINGS, DAVID C
1415 LASALLE STREET	JACKSONVILLE FL
CITY - ST - ZIP	
SD	POLLEN, BILL
2549 POST STREET	JACKSONVILLE FL
CITY - ST - ZIP	
D	LUTZ, GEORGE
225 EAST DUVAL STREET	JACKSONVILLE FL
CITY - ST - ZIP	
D	PARKER, WALLACE
3750 GURLEY ROAD	JACKSONVILLE FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

TD Debra B. Moore  
1415 LaSalle Street  
Jacksonville, FL 32207

SD Sheffield, George  
1560 Canopy Drive  
Fernandina Beach, FL 32034

D Foshee, Sarah  
2930 Beauclerc Road  
Jacksonville, FL 32257

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra B. Moore **Debra B. Moore** 3/30/98 (904)396-3026

CR2E037 (10/97)