

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90005 046 \*\*\*\*61.25

**DOCUMENT # 717905**

1. Corporation Name

**JACKSONVILLE DISTRICT UNITED METHODIST BOARD OF  
CHURCH DEVELOPMENT, INC.**

Principal Place of Business

**1415 LA SALLE STREET  
JACKSONVILLE FL 32207-0196**

Mailing Address

**1415 LA SALLE STREET  
JACKSONVILLE FL 32207-0196**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

Country

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

3. Date Incorporated or Qualified

**01/16/1970**

4. FEI Number

**59-6045472**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**HILL, TERESA L  
1415 LASALLE ST  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME **PD RINAMAN, KIM**  
STREET ADDRESS **3661 JOSE TERRACE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE  
NAME **VD BURKHOLDER, ANNE**  
STREET ADDRESS **601 CENTRE STREET**  
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE ☐ DELETE  
NAME **TD MOORE, DEBRA B**  
STREET ADDRESS **1415 LASALLE STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE  
NAME **SD SHEFFIELD, GEORGE**  
STREET ADDRESS **1560 CANOPY DR**  
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ DELETE  
NAME **D LUTZ, GEORGE**  
STREET ADDRESS **225 EAST DUVAL STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME **D FOSHEE, SARAH**  
STREET ADDRESS **2930 BEAUCLERC RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D Chappell, Ed**  
1.3 STREET ADDRESS **8112 Shady Grove Road**  
1.4 CITY-ST-ZIP **Jacksonville, FL 32256**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **VD Hastings, David C.**  
2.3 STREET ADDRESS **4329 Water Oak Lane**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32210**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **PD Lutz, George**  
5.3 STREET ADDRESS **225 E. Duval Street**  
5.4 CITY-ST-ZIP **Jacksonville, FL 32202**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Debra B. Moore 4/1/99 904 396-3026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/198