

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717905

1. Entity Name

JACKSONVILLE DISTRICT UNITED METHODIST BOARD OF

Principal Place of Business

1415 LA SALLE STREET
JACKSONVILLE FL 32207-0196

Mailing Address

1415 LA SALLE STREET
JACKSONVILLE FL 32207

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HILL, TERESA L
1415 LASALLE ST
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CHAPPELL, ED
STREET ADDRESS 8112 SHADY GROVE RD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VD ☒ Delete
NAME HASTINGS, DAVID C
STREET ADDRESS 4329 WATER OAK LANE
CITY-ST-ZIP JACKSONVILLE FL 32210

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

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

TITLE PD ☒ Delete
NAME LUTZ, GEORGE
STREET ADDRESS 225 EAST DUVAL STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Chappell, Ed
STREET ADDRESS 8112 Shady Grove Road
CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☐ Change ☒ Addition
NAME Guy Brewer
STREET ADDRESS 4101 College Street
CITY-ST-ZIP Jacksonville, FL 32205

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Bill Sherman
STREET ADDRESS 6133 San Jose Blvd.
CITY-ST-ZIP Jacksonville, FL 32217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Electronically Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90096 015 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6045472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)