

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 PM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726259 (5)
1. Corporation Name
ISLE OF PALMS UNITED METHODIST CHURCH, INC.

Principal Place of Business Mailing Address
1821 SAN PABLO RD JACKSONVILLE FL 32224-1001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/27/1973** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2085823** Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
22 City & State	27 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAND, JACK
1020 1ST UNION TOWER
JACKSONVILLE FL 32202**

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CLARKSON, JOHN
STREET ADDRESS	12835 PINE BURR CT
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	BRYAN, JOHNNIE
STREET ADDRESS	14436 STACEY RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	HOWARD, TERI
STREET ADDRESS	2420 BLACKBEARD DRIVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	NOBLE, NANCY
STREET ADDRESS	14471 PABLO TERR
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	DENNIS, DOROTHY
STREET ADDRESS	4206 COQUINA DR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy D. Noble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY D. NOBLE

4/24/95 904-730-2464
DATE TELEPHONE (Area #)