

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90156 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726259

1. Corporation Name

ISLE OF FAITH UNITED METHODIST CHURCH, INC.

Principal Place of Business

1821 SAN PABLO RD
 JACKSONVILLE FL 32224-1031

Mailing Address

1821 SAN PABLO RD
 JACKSONVILLE FL 32224-1031



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/27/1973
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2085823
24 Country	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ANDERSON, CINDY
1770 PARK TERRACE E
JACKSONVILLE FL 32233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON, JOHN	1.2 NAME	
STREET ADDRESS	13834 LONGS LANDING RD E	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, JACK	2.2 NAME	Dyer, Jack
STREET ADDRESS	12855 JEBB ISLAND CIRCLE SOUTH	2.3 STREET ADDRESS	12855 Jebb Island Circle South
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32225
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLES, SHERRY	3.2 NAME	
STREET ADDRESS	2515 CHESTERBROOK CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	T/D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLES, DARRELL	4.2 NAME	Boyles, Darrell
STREET ADDRESS	2515 CHESTERBROOK COURT	4.3 STREET ADDRESS	4090 Hodges Blvd #2105
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOATS, DENNIS	5.2 NAME	
STREET ADDRESS	13959 CAPTAIN HOOK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 of Jack Dyer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chair, Jack Dyer Jan. 18, 1999 904/221-1700

Date

Daytime Phone #

CR2E037 (11/98)