

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726259

1. Entity Name

ISLE OF FAITH UNITED METHODIST CHURCH, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90092 042 ****61.25

Principal Place of Business

Mailing Address

1821 SAN PABLO RD
JACKSONVILLE FL 32224-1031

1821 SAN PABLO RD
JACKSONVILLE FL 32224-1031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2085823

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, CINDY
1770 PARK TERRACE E
JACKSONVILLE FL 32233

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME CLARKSON, JOHN
STREET ADDRESS 13834 LONGS LANDING RD E
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☐ Change ☒ Addition
NAME McCulloch, Al
STREET ADDRESS 14081 Pine Island Dr
CITY-ST-ZIP Jacksonville FL 32224

TITLE PD ☐ Delete
NAME DYER, JACK
STREET ADDRESS 12855 JEBB ISLAND CIRCLE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE S ☐ Change ☒ Addition
NAME McCulloch, Kathy
STREET ADDRESS 14081 Pine Island Dr
CITY-ST-ZIP Jacksonville, FL 32224

TITLE S- ☒ Delete
NAME BOYLES, SHERRY
STREET ADDRESS 2515 CHESTERBROOK CT
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☐ Change ☒ Addition
NAME Cook, Charles
STREET ADDRESS 24516 Deer Trace Drive
CITY-ST-ZIP Ponte Vedra Beach Florida 32082

TITLE TDV ☐ Delete
NAME BOYLES, DARRELL
STREET ADDRESS 4090 HODGES BLVD. #2105
CITY-ST-ZIP JACKSONVILLE FL 32224

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

TITLE D ☒ Delete
NAME MOATS, DENNIS
STREET ADDRESS 13959 CAPTAIN HOOK DR
CITY-ST-ZIP JACKSONVILLE FL 32224

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)