

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90003 024 ****61.25

DOCUMENT # 726259

1. Entity Name

ISLE OF FAITH UNITED METHODIST, INC.

Principal Place of Business

Mailing Address

1821 San Pablo Road 1821 San Pablo Road
 Jacksonville, FL 32224 Jacksonville, FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
 59-2085823

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

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:
FEES \$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	McCulloch, Al	
STREET ADDRESS	14081 Pine Island Dr	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	S	☒ Delete
NAME	McCulloch, Kathy	
STREET ADDRESS	14081 Pine Island Dr	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	TVD	☒ Delete
NAME	Boyles, Darrell	
STREET ADDRESS	4090 Hodges Blvd #2105	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	D	☐ Delete
NAME	Cook, Charles Lee	
STREET ADDRESS	24516 Deer Trace Drive	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	PD	☐ Delete
NAME	Dyer, Jack	
STREET ADDRESS	12855 Jebb Island Drive	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☐ Change ☒ Addition
NAME	Burton, Steve	
STREET ADDRESS	14073 Waverly Falls Lane W	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	Dyer, Jack	
STREET ADDRESS	12855 Jebb Island Drive	
CITY-ST-ZIP	Jacksonville, FL 32225	
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:

Steve Burton

Steve Burton June 18, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)