

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 726259

FILED  
Apr 08, 2002 8:00 AM  
Secretary of State

**Entity Name:** ISLE OF FAITH UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

1821 SAN PABLO RD  
JACKSONVILLE, FL 322241031

**New Principal Place of Business:**

**Current Mailing Address:**

1821 SAN PABLO RD  
JACKSONVILLE, FL 322241031

**New Mailing Address:**

**FEI Number:** 59-2085823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, CINDY  
1770 PARK TERRACE E  
JACKSONVILLE, FL 32233 US

**Name and Address of New Registered Agent:**

FLETCHER, HUGH M  
24 NORTH MARKET STREET  
305  
JACKSONVILLE, FL 32202 US

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: HUGH M. FLETCHER

04/08/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: DYER, JACK  
Address: 12855 JEBB ISLAND CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: LEE, CHARLES  
Address: 24516 DEER TRACE DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DP ( ) Delete  
Name: BURTON, STEVE  
Address: 14073 WAVERLY FALLS LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COOK, CHARLES L  
Address: 24516 DEER TRACE DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: OAKES, MICHAEL  
Address: 14063 PINE ISLAND DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE BURTON

DP

04/08/2002

Electronic Signature of Signing Officer or Director

Date