

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726259

FILED
Jan 18, 2005
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FLETCHER, HUGH M
Address: 24 N. MARKET STREET, #305
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: SENNA, JOE
Address: 12885 FIRETHORN LANE
City-St-Zip: JACKSONVILLE, FL 32246

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

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

Title: D () Change (X) Addition
Name: KORTE, KEITH
Address: 12627 MISTY MOUNTAIN DRIVE S
City-St-Zip: JACKSONVILLE, FL 32225

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: MICHAEL OAKES

D

01/18/2005

Electronic Signature of Signing Officer or Director

Date