

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726259

FILED  
Feb 08, 2008  
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

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HUGH M. FLETCHER

DP

02/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date