

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726259

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1821 SAN PABLO RD S  
JACKSONVILLE, FL 322241031

**New Principal Place of Business:**

**Current Mailing Address:**

1821 SAN PABLO RD S  
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  
Name: OAKES, LESTER M  
Address: 14063 PINE ISLAND DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D  
Name: LIEDTKE, DAVID  
Address: 1158 LINKSIDE COURT E  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D  
Name: BRYAN, MOLLY  
Address: 2890 CANYON FALLS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: LESTER MICHAEL OAKES

DP

02/16/2012

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

\_\_\_\_\_  
Date