2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am ह **DOCUMENT # 735787 Secretary of State** 1. Entity Name FORT CAROLINE UNITED METHODIST CHURCH, INC. 03-12-2001 90016 050 ****61.25 Principal Place of Business Mailing Address 8510 FT CAROLINE ROAD 8510 FT CAROLINE ROAD C0032900 JACKSONVILLE FL 32277-2974 JACKSONVILLE FL 32277-2974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1375581 Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Houston White Street Address (P.O. Box Number is Not Acceptable) FISHER, HORACE L. 12866 RABBIT RUN LANE 11026 Harbor Cay Ct. JACKSONVILLE FL 32246 Jacksonville 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TR TITLE Delete TITLE Change X Addition S RING, MARJORIE James Bergman 3649 Marsh Creek Dr. NAME NAME STREET ADDRESS 6612 MARKIN DR S. STREET ADDRESS CITY-ST-7IP Jacksonville, FL 32277 CITY-ST-7IP JACKSONVILLE FL 32277 TITLE Delete TITLE Change ★ Addition FISHER, HORACE L. Gayle Green NAME NAME 8460 Ft. Caroline Rd. STREET ADDRESS 12866 RABBIT RUN LANE STREET ADDRESS Jacksonville, FL 32277 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32246 Color of the same of the same TITLE-Delete TITLE WHITE. HOUSTON NAME NAME 11026 HARBOR CAY CT STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 TITLE ☐ Delete TITI F (X) Change ☐ Addition SPOCK, BUCK NAME NAME STREET ADDRESS 1486 GATELY RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32225 Delete TITLE TITLE TR[X] Change ☐ Addition MATCHETT, STEPHEN NAME NAME STREET ADDRESS 3950 HILL TERRACE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32246 X Addition TITLE X Delete TITLE REDFOOT, FRANK E. NAME NAME Millard Rouse 3475 Sandburg Rd. 5940 COVERED CREEK LANE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Jacksonville, FL 32277

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