
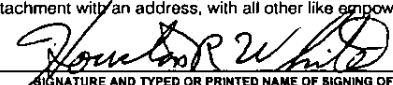


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90038 010 ****61.25

DOCUMENT # 735787 1. Entity Name FORT CAROLINE UNITED METHODIST CHURCH, INC.					
Principal Place of Business 8510 FT CAROLINE ROAD JACKSONVILLE, FL 32277-2974 US			Mailing Address 8510 FT CAROLINE ROAD JACKSONVILLE, FL 32277-2974 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1375581	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITE, HOUSTON 11026 HARBOR CAY CT JACKSONVILLE, FL 32225			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T Davis, David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
NAME	ANDERSON, MORGAN		NAME	11425 McCormick Rd., #29D	
STREET ADDRESS	7235 TRAILS END		STREET ADDRESS	Jacksonville, FL 32225	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	C	<input type="checkbox"/> Delete	TITLE	T Ross, Emily <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
NAME	WHITE, HOUSTON		NAME	8504 Ft. Caroline Rd.	
STREET ADDRESS	11026 HARBOR CAY CT		STREET ADDRESS	Jacksonville, FL 32277	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T Burcroff, Bill <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
NAME	ARMSTRONG, JIM		NAME	2676 Howden Ct.	
STREET ADDRESS	10866 HAWAII DR S		STREET ADDRESS	Jacksonville, FL 32225	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	S	<input type="checkbox"/> Delete	TITLE	T Hall, Mike <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
NAME	WILSON, LORRAINE		NAME	3652 Rosemary St.	
STREET ADDRESS	3722 HOOVER LN		STREET ADDRESS	Jacksonville, FL 32207	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T Sorensen, Chris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
NAME	GILMORE, ALICE		NAME	3949 Arbor Lake Dr. W.	
STREET ADDRESS	3669 SHAWNEE SHORES DR		STREET ADDRESS	Jacksonville, FL 32225	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, ROBERT		NAME		
STREET ADDRESS	817 HAGLER DR		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: 			4/24/07 904-744-1311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		