


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90030 002 ****61.25

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|--|---|---|---|---|--|
| DOCUMENT # 740688 1. Entity Name HIGHLANDS UNITED PRESBYTERIAN CHURCH OF JACKSONVILLE, INC. | | | |  | |
| Principal Place of Business OF JACKSONVILLE, INC. 10900 MCCORMICK ROAD JACKSONVILLE, FL 32225 | | | Mailing Address OF JACKSONVILLE, INC. 10900 MCCORMICK ROAD JACKSONVILLE, FL 32225 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1614705 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KEITH M. DEAL 101 BARNETT REGENCY TOWER JACKSONVILLE, FL 32225 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, JUDY 10900 MCCORMICK RD JACKSONVILLE, FL 00000, | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Jim Ash 10900 McCormick Rd. Jacksonville, FL 32225 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAL MORRISON, MARK 10900 MCCORMICK RD JACKSONVILLE, FL 00000, | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAL CARPENTER, GEORGE 10900 MCCORMICK RD JACKSONVILLE, FL 00000, | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HAND, MARK 10900 MCCORMICK JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer William Hart 10900 McCormick Rd. Jacksonville, FL 32225 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PREWITT, KAREN 10900 MCCORMICK RD JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Bruce Hays 10900 McCormick Rd. Jacksonville, FL 32225 | |
| 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: <i>Karen Prewitt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 4/2/07 904-565-1361 Date Daytime Phone # | | |