


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAR -2 PH 2: 57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 740840 (4) 1. Corporation Name NORTH JACKSONVILLE UNITED METHODIST CHURCH, INC.		

Principal Place of Business		Mailing Address	
6901 MAIN STREET JACKSONVILLE FL 32208		6901 MAIN STREET JACKSONVILLE FL 32208	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1977	3a. Date of Last Report 02/11/1994
4. FEI Number 59-3064712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUMSEY, FRED D. 25 EAST 59TH STREET 6901 MAIN STREET JACKSONVILLE FL 32208				B1 Name	SMART, MARGARET H.		
				B2 Street Address (P.O. Box Number is Not Acceptable)	25 E. 59th Street		
				B3	6001 Main Street		
				B4 City	Jacksonville	FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE The Rev. Margaret H. Smart, Elder DATE 2/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, WILLIAM L.	1.2 NAME	Watson, Daniel E.
STREET ADDRESS	2134 RONALD LN.	1.3 STREET ADDRESS	425 W. 46th Street
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, LEON	2.2 NAME	
STREET ADDRESS	7242 BARBARIE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, WOODROW W.	3.2 NAME	DeLoach, Mel
STREET ADDRESS	4121 W 70TH ST.	3.3 STREET ADDRESS	1314 Live Oak Lane
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32208	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, WALTER	4.2 NAME	Mitchell, Walter
STREET ADDRESS	11303 AMERICAN LN.	4.3 STREET ADDRESS	11303 Americana Lane
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, ANN	5.2 NAME	Wright, Carolyn
STREET ADDRESS	8741 SAN SOUCI RD.	5.3 STREET ADDRESS	58 E. 61st Street
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32218	5.4 CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	D	6.1 TITLE	Jacksonville, FL 32208 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, JESSE	6.2 NAME	
STREET ADDRESS	7383 WILDER AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel E. Watson DATE 2/21/95 765-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL E. WATSON