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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 322086901 MAIN STREET  
JACKSONVILLE FL 32208-47273. Date Incorporated or Qualified  
11/18/19773a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3064712Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

SMART, MARGARET H  
25 E 59TH STREET  
6901 MAIN STREET  
JACKSONVILLE FL 32208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME WATSON, DANIEL E  
STREET ADDRESS 425 W 46TH STREET  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE1.1 TITLE D  
1.2 NAME FIDDLER, BOB  
1.3 STREET ADDRESS 6657 Oakwood Street  
1.4 CITY-ST-ZIP Jacksonville, FL 32208 ☐ Change ☒ AdditionTITLE D  
NAME MCDANIEL, LEON  
STREET ADDRESS 7242 BARBARIE ST.  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME DELOACH, MEL  
STREET ADDRESS 1314 LIVE OAK LANE  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE T  
NAME MITCHELL, WALTER  
STREET ADDRESS 11303 AMERICAN LN.  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME JOHNS, LORI  
STREET ADDRESS 3135 UNIVERSITY BLVD. N. APT #8  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME BASS, JESSE  
STREET ADDRESS 7363 WILDER AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☒ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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: *Walter R. Mitchell* REQUIRED *Walter R. Mitchell*

Date: 2/6/97 765-8300

CP2E037 (9/96)