


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740840** (4)  
1. Corporation Name  
**NORTH JACKSONVILLE UNITED METHODIST CHURCH, INC.**

Principal Place of Business <b>6901 MAIN STREET JACKSONVILLE FL 32208</b>	Mailing Address <b>6901 MAIN STREET JACKSONVILLE FL 32208</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>11/18/1977</b>	
4. FEI Number <b>59-3064712</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SMART, MARGARET H  
25 E 59TH STREET  
6901 MAIN STREET  
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent 81 Name <b>REV. MOSES H. JOHNSON, JR.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6901 NORTH MAIN STREET</b> 83 <b>25 EAST 59TH. STREET</b> 84 City <b>JACKSONVILLE</b> <b>FL</b> 85 Zip Code <b>32208</b>
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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 *Moses H. Johnson Jr.* **MOSES H. JOHNSON JR., PASTOR** 1/21/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	<b>WATSON, DANIEL E</b>
STREET ADDRESS	<b>425 W 46TH STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>MCDANIEL, LEON</b>
STREET ADDRESS	<b>7242 BARBARIE ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>DELOACH, MEL</b>
STREET ADDRESS	<b>1314 LIVE OAK LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>MITCHELL, WALTER</b>
STREET ADDRESS	<b>11303 AMERICAN LN.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>JOHNS, LORI</b>
STREET ADDRESS	<b>3135 UNIVERSITY BLVD. N. APT #8</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>FIDDLER, BOB</b>
STREET ADDRESS	<b>6657 OAKWOOD ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BEVERLY STEPHENS</b>
1.3 STREET ADDRESS	<b>7126 OAKWOOD STREET</b>
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32208</b>
2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MCDANIEL, LEON</b>
2.3 STREET ADDRESS	<b>7242 BARBARIE STREET</b>
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32208</b>
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MERRICK, CARL, JR.</b>
3.3 STREET ADDRESS	<b>430 WEST 47TH. STREET</b>
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32208</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 familiar with, and accept the obligations of, Chapter 617, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leon Mcdaniel* **Leon Mcdaniel, Trustees Chairman** 1/21/98 904-765-8300

CR2E037 (10/97)