

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740840

1. Entity Name

NORTH JACKSONVILLE UNITED METHODIST CHURCH, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90062 003 ****61.25

Principal Place of Business 6901 MAIN STREET JACKSONVILLE FL 32208	Mailing Address 6901 MAIN STREET JACKSONVILLE FL 32208-4727
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3064712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIMERT, ROBERT A
25 E. 59TH ST.
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	STEPHENS, BEVERLY
STREET ADDRESS	7126 OAKWOOD ST
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	CD <input type="checkbox"/> Delete
NAME	MCDANIEL, LEON
STREET ADDRESS	7242 BARBARIE ST.
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	D <input type="checkbox"/> Delete
NAME	MERRICK, CARL J
STREET ADDRESS	430 WEST 47TH ST
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	T <input type="checkbox"/> Delete
NAME	MITCHELL, WALTER
STREET ADDRESS	11303 AMERICAN LN.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: Walter L. Mitchell Walter L. Mitchell 1/16/00 (904) 757-5746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)