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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 763096

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ASBURY UNITED METHODIST CHURCH OF ORANGE PARK, I

NC Principal Place of Business Mailing Address 16 COLLEGE DR. 16 COLLEGE DR.



JHANGE PAR	K FL 32065			OHANGE PARK TE 3200	,									
									3. Date incorporated or O. 05/04/1982	alified 3a				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			<u> </u>	plied For	
			26						59-1659683			No	t Applicable	
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Des	sired 🔲				
City & State			28	City & State						ncing	•		•	
Zip	 			¬ "			This scriporetion has madely to the grant and							
						1			10. Name and Address of New Registered Agent					
						81	Name							
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							Street	Address	(F.O. DOX NOTIDE 19 NOT A	ccoptacio				
GREEN COVE SPRINGS FL 32043														
						1	City				-		Code	
or registers	ad agent or	both in the State of Florid	ia Suc	th change was authorized	s, the ab d by the	conp	named or oration's	orporation board o	on submits this statement for of directors. I hereby accept	r the purpose o the appointmen	f changing nt as regist	its reg ered a	gistered office gent. I am	
GNATURE _			and title if	f positivatile #NOTE	F - Renictor	ed åner	t signatura i	required wh	en reinstation)	DA	TE.			
	digitals, types of pirities and transfer against a specific property of the specific property of												S IN 12	
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ME		NANCY M F			1.2	NAME		34	PP RALLEGH	!				
REET ADORESS	1292 L	ARAMIE COURT			1.3	STREET	ADDRESS	25	40 DELLEHOE	BEND				
TY-ST-ZIP	ORANG	SE PARK FL 32065-74	16		1.4	CITY-9	1 - ZIP	HI		L. 320	<u> 8</u>			
'l F	VD			DELETE	21	TITLE		VP			Cha	nge	Addition Addition	
ME	DOERF	R, RICHARD E			22	NAME			SCH, JESE	, Da				
REET ADDRESS	2384 H	IALPERN'S WAY			2.3	STREET	ADORESS	73	2 INEX FARM	6 1/2.1 				
	Principal Pla Suite, Apt. # City & State Zip HALL, J. 2140 TR GREEN I. Pursuant to or register familiar with GNATURE	Principal Place of Busine Suite, Apt. #, etc. City & State Zip 9. Name HALL, J. D 2140 TREASURE I GREEN COVE SPI 1. Pursuant to the provision registered agent, or familiar with, and acce GNATURE Signature, typed 2. PD FIELD, 1292 L ORANC IF VD DOERF	Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 25 9. Name and Address of Curren HALL, J. D 2140 TREASURE POINT RD. GREEN COVE SPRINGS FL 32043 I. Pursuant to the provisions of Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar with, and accept the obligations of, Sections 617.0502 or registered agent, or both, in the State of Floric familiar wit	Principal Place of Business 2a 2b Suite, Apt. #, etc. 27 City & State 28 Zip Country 25 9. Name and Address of Current Regli HALL, J. D 2140 TREASURE POINT RD. GREEN COVE SPRINGS FL 32043 Pursuant to the provisions of Sections 617.0502 and 6 or registered agent, or both, in the State of Florida. Suffamiliar with, and accept the obligations of, Section 617 GNATURE Signature, typed or printed name of registered agent and title in the State of Florida. Suffamiliar with, and accept the obligations of, Section 617 GNATURE FIELD, NANCY M F 1292 LARAMIE COURT ORANGE PARK FL 32065-7416 VD DOERR, RICHARD E	Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip 29 9. Name and Address of Current Registered Agent HALL, J. D 2140 TREASURE POINT RD. GREEN COVE SPRINGS FL 32043 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes or registered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. GNATURE Signature, typed or printed name of registered agent and title if applicable. PD FIELD, NANCY M F 1292 LARAMIE COURT ORANGE PARK FL 32065-7416 ME DELETE DELETE DELETE DELETE	Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Zip Country Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. City & State City & State City & State Country 25	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 28 Zip Country Zip Country Zip Suite, Apt. #, etc. City & State 28 Zip Country Zip Country Zip Country Zip Suite, Apt. #, etc. Country Zip Country Zip Country 30 9. Name and Address of Current Registered Agent B1 Name HALL, J. D 2140 TREASURE POINT RD. GREEN COVE SPRINGS FL 32043 82 Street Address of Current Registered Agent B1 Name B2 Street B3 Street City Address of Current Registered Agent B1 Name B2 Street B3 Street City B3 Street B1 Name B4 City City City City B2 Street B3 Street B4 City City City City B4 City Country City Country City Country City Country City City City Country City City City City Country City City Country City City Country City City Country Country City City Country City City Country Country Country City City Country Country City Country Country Country City City City City Country Country Country Country Country Country Country Country Country	Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 2b. Country 25 29 30 9. Name and Address of Current Registered Agent HALL, J. D 2140 TREASURE POINT RD. GREEN COVE SPRINGS FL 32043 83 84 City Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. GNATURE Suprature, speed or preted hane of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. PD	Principal Place of Business 2a. Mailing Address 25. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country B. This corporation has list Florida Statutes 9. Name and Address of Current Registered Agent HALL, J. D 81 Name HALL, J. D 82 Street Address (P.O. Box Number is Not A 83 Street Address (P.O. Box Number is Not A 84 City Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SNATURE Supotume, spiecd or printed name of registered agent and their if ayakhashe OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES 14. FEI Number 59-1659683 4. FEI Number 59-1659683 5. Certificate of Status Des Country 8. This corporation has list Florida Statutes 9. Name and Address of 8. This corporation has list Florida Statutes 8. This corpora	3. Date incorporated or Quelified 05/04/1982 4. FEI Number 59-1659683 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State Spin Country City & State Spin Country City & State Spin Country City & State Spin City &	3. Date incorporated or Qualified (55/04/1982	Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Addre	

HEHDEIK, WANDA MIDDLEBURG FL 32068-9450 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE SD TITLE KEYS, JACKSON W NAME 2620 FOXWOOD RD. S. 3.3 STREET ADDRESS STREET ADORESS DOCTORS INLEY, FL. 32030 **ORANGE PARK FL 32073-6025** 3.4. CITY-ST-ZIP CITY - SI - ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition DELETE 61 TITLE TITLE 62 NAME NAME

6.4 CITY-ST-ZIP 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 cath, that I am an officer or director gives 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

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS