

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763096 (5)

1. Corporation Name

ASBURY UNITED METHODIST CHURCH OF ORANGE PARK, I
NC



Principal Place of Business

Mailing Address

16 COLLEGE DR.
ORANGE PARK FL 32065

16 COLLEGE DR.
ORANGE PARK FL 32065

3. Date Incorporated or Qualified

05/04/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1659683

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. 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

HALL, J. D
2140 TREASURE POINT RD.
GREEN COVE SPRINGS FL 32043

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 PD ☐ DELETE
NAME FIELD, NANCY M F
STREET ADDRESS 1292 LARAMIE COURT
CITY-ST-ZIP ORANGE PARK FL 32065-7416

TITLE VD ☐ DELETE
NAME DOERR, RICHARD E
STREET ADDRESS 2384 HALPERN'S WAY
CITY-ST-ZIP MIDDLEBURG FL 32068-9450

TITLE SD ☐ DELETE
NAME KEYS, JACKSON W
STREET ADDRESS 2620 FOXWOOD RD. S.
CITY-ST-ZIP ORANGE PARK FL 32073-6025

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME SAPP, RALPH
1.3 STREET ADDRESS 2546 HERDSHIRE BLVD
1.4 CITY-ST-ZIP MIDDLEBURG, FL. 32068

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME LEISCH, JESSE D.
2.3 STREET ADDRESS 739 TARA FARM DR.
2.4 CITY-ST-ZIP MIDDLEBURG, FL. 32068

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME HENDRIX, WANDA
3.3 STREET ADDRESS P.O. Box 35
3.4 CITY-ST-ZIP DOCTORS INLET, FL. 32030

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSE D. LEISCH

2/15/96 (904) 212-0110

Date

Daytime Phone #

CR2E037 (12/95)