

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90219 016 ****70.00

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1. Entity Name

**MURCHISON TEMPLE CHRISTIAN METHODIST
EPISCOPAL CHURCH, INC.**



Principal Place of Business

**5817 CATOMA ST
JACKSONVILLE FL 32244**

Mailing Address

**C/O SARAH WILLIAMSON
2753 MAYPORT RD, #51
ATLANTIC BEACH FL 32233**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3644 Morton Street

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Jacksonville FL

4. FEI Number

59-3702769

Applied For

Not Applicable

Zip

Country

City & State

32217

Country

FL

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMSON, SARAH
2753 MAYPORT RD, #51
ATLANTIC BEACH FL 32233**

7. Name and Address of New Registered Agent

Name **SARAH WILLIAMSON**

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

3644 Morton Street

City **JACKSONVILLE**

FL

Zip Code **32217**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rev Sarah Williamson

4/23/06

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

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PPAS**
STREET ADDRESS **WILLIAMSON, SARAH**
CITY-ST-ZIP **2753 MAYPORT RD, #51
ATLANTIC BEACH FL 32233**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **BRADLEY, FLORENCE**
CITY-ST-ZIP **1985 3 ST
JACKSONVILLE FL 32209**

TITLE ☐ Delete
NAME **WILLIAMS, ELAINE**
STREET ADDRESS **345 PHELPS ST**
CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ☒ Delete
NAME **JENNINGS, JESSIE**
STREET ADDRESS **1210 W. 10TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **President/Pastor**
STREET ADDRESS **SARAH W. WILLIAMSON**
CITY-ST-ZIP **3644 Morton Street
JACKSONVILLE, FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Trustee**
STREET ADDRESS **JERRY WILLIAMSON**
CITY-ST-ZIP **3644 Morton Street
JACKSONVILLE, FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Rev Sarah Williamson*

4/23/06 **Rev Sarah Williamson**