

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90019 026 ****66.25

DOCUMENT # N01000001148

1. Entity Name
**MURCHISON TEMPLE CHRISTIAN METHODIST
EPISCOPAL CHURCH, INC.**



Principal Place of Business
**5817 CATOMA ST
JACKSONVILLE, FL 32244**

Mailing Address
**3644 MORTON ST
JACKSONVILLE, FL 32217**

400000670



2. Principal Place of Business - No P.O. Box #
5817 Catoma St.

3. Mailing Address
4243 Woodley Creek Rd.

Suite, Apt. #, etc.

02012007 Chg-NP CR2E037 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32244

Country
USA

Zip
32218

Country
USA

4. FEI Number
59-3702769

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMSON, SARAH
3644 MORTON ST
JACKSONVILLE, FL 32217**

7. Name and Address of New Registered Agent

Name **Simmons, Lizzie M.**

Street Address (P.O. Box Number is Not Acceptable)
4243 Woodley Creek Rd

City **Jacksonville** FL Zip Code **32218**

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 Lizzie M. Simmons **Lizzie M. Simmons** **April 2, 2007**

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

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPAS WILLIAMSON, SARAH 3644 MORTON ST JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPAS Simmons, Lizzie M. 4243 Woodley Creek Rd. Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRADLEY, FLORENCE 1985 3 ST JACKSONVILLE, FL 32209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Jennings, William 1210 W. 10th St. Jacksonville, FL 32209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTRE WILLIAMS, ELAINE 345 PHELPS ST JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WILLIAMSON, JERRY 3644 MORTON ST JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Lizzie M. Simmons **Lizzie M. Simmons** **April 2, 2007** (904) 233-1115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #