

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001148

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5817 CATOMA ST  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

11351 MANATEE DR  
JACKSONVILLE, FL 32218

**New Mailing Address:**

5817 CATOMA ST  
JACKSONVILLE, FL 32244

**FEI Number:** 59-3702769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCKINNEY, MARY C  
11351 MANATEE DR  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

WALLACE, DEBORAH  
10246 SHORE VIEW DRIVE NORTH  
JACKSONVILLE, FL 32218 US

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: DEBORAH WALLACE

02/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PAST  
Name: WALLACE, DEBORAH  
Address: 10246 SHORE VIEW DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: STEW  
Name: BOWE, JOYCE  
Address: PO BOX 9824  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: TREA  
Name: WILLIAMS, ELAINE  
Address: 345 PHELPS ST  
City-St-Zip: JACKSONVILLE, FL 32206 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH WALLACE

PAST

02/29/2012

Electronic Signature of Signing Officer or Director

Date