

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003625

FILED
Feb 15, 2005
Secretary of State

Entity Name: SPRING GLEN UNITED METHODIST CHURCH, INCORPORATED

Current Principal Place of Business:

6007 BEACH BLVD
JACKSONVILLE, FL 322162701

New Principal Place of Business:

Current Mailing Address:

6007 BEACH BLVD
JACKSONVILLE, FL 322162701

New Mailing Address:

FEI Number: 59-0855409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOKHOLT, CONNIE
13500 SUTTON PARK DR S STE 404
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BINKLEY, PAUL
Address: 1561 CORNELL ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: GOWEN, THOMAS
Address: 1334 JAMAICA CT
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: MAINOR, GERALD
Address: 2456 CLEMSON RD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: PALMER, BETTY
Address: 2469 DEAN
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: KEANE, CINDY
Address: 953 DUSKIN DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: CROSSWHITE, BEN
Address: 7520 ALTAMA RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CONNIE BOOKHOLT

CFO

02/15/2005

Electronic Signature of Signing Officer or Director

Date