

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003625

FILED  
Feb 28, 2008  
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: CROSBY, CHARLES  
Address: 1412 GLENDALE RD. W  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D ( ) Delete  
Name: TARVIN, RICHARD  
Address: 3622 SPRING GLEN RD  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S ( ) Delete  
Name: GARLAND, LORI  
Address: 2617 ECTOR RD. N  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: BRAD, BURLOG  
Address: 7935 JAMAICA RD  
City-St-Zip: JACKSONVILLE, FL 32216 US

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

Title: D ( ) Delete  
Name: BALDWIN, GREG  
Address: 8601 BEACH BLVD #901  
City-St-Zip: JACKSONVILLE, FL 32216 US

**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 exemption stated 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 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: CHARLES CROSBY

P

02/28/2008

Electronic Signature of Signing Officer or Director

Date