2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003625

FILED Mar 03, 2009 Secretary of State

Entity Name: SPRING GLEN UNITED METHODIST CHURCH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 6007 BEACH BLVD JACKSONVILLE, FL 322162701 **Current Mailing Address: New Mailing Address:** 6007 BEACH BLVD JACKSONVILLE, FL 322162701 FEI Number: 59-0855409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOOKHOLT, CONNIE 13500 SUTTON PARK DR S STE 404 JACKSONVILLE, FL 32224 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CROSBY, CHARLES PETIT, TED Name: Name: 1412 GLENDALE RD. W Address: 7518 HOLIDAY ROAD SOUTH Address: City-St-Zip: JACKSONVILLE, FL 32216 US City-St-Zip: JACKSONVILLE, FL 32216 US Title: () Delete Title: () Change () Addition TARVIN, RICHARD Name: Name: Address: 3622 SPRING GLEN RD Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: Title: () Delete Title: (X) Change () Addition GARLAND, LORI GARLAND, LORI Name: Name: Address: 2617 ECTOR RD. N Address: 2617 ECTOR RD. N City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32211 Title: () Delete Title: () Change () Addition Name: BRAD, BURLOG Name: Address: 7935 JAMAICA RD Address: City-St-Zip: JACKSONVILLE, FL 32216 US City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition KEANE, CINDY KEANE, CINDY Name: Name: 953 DUSKIN DRIVE 953 DUSKIN DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 Title: () Delete Title: (X) Change () Addition BALDWIN, GREG BALDWIN, GREG

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.

Name:

Address:

City-St-Zip:

8601 BEACH BLVD #901

JACKSONVILLE, FL 32216 US

SIGNATURE: CINDY KEANE VP 03/03/2009

Name:

Address:

City-St-Zip:

8601 BEACH BLVD #901

JACKSONVILLE, FL 32216 US