

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22931

FILED
Apr 07, 2005
Secretary of State

Entity Name: ARLINGTON UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1400 UNIVERSITY BOULEVARD N.
C/O CARL SCOTT SCHULER
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

1400 UNIVERSITY BOULEVARD N.
C/O CARL SCOTT SCHULER
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-6011517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHULER, CARL SCOTT
1400 UNIVERSITY BOULEVARD N.
JACKSONVILLE, FL 32211 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: D () Delete
Name: BAILEY, JAMES M
Address: 4006 BESS ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: CHESTER, TOM
Address: 825 LEONIE CIR
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: KELLY, EARL, J,
Address: 5514 DARLOW AVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: BRIDGER, ROBERT
Address: 3746 SALTMEADOW CT. S
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: SIKES, NEIL
Address: 4864 ASHLEY MANOR WAY W
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: BRUNSON, PATSY
Address: 5539 RIVERTON ROAD
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: CHESTER, TOM
Address: 825 LEONIE CIR
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Change () Addition
Name: KELLY, EARL J
Address: 5514 DARLOW AVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: D (X) Change () Addition
Name: BERGMAN, JAMES
Address: 3649 MARSH CREEK DR
City-St-Zip: JACKSONVILLE, FL 32277

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

Title: D (X) Change () Addition
Name: BRICKERT, ANN
Address: 1454 ARLINGWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32211

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: JAMES M. BAILEY

MR.

04/07/2005

Electronic Signature of Signing Officer or Director

Date