

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22931

FILED  
Mar 29, 2007  
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: T ( ) 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 32277

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: REGISTER, DOUGLAS B  
Address: 3849 SANDY SHORES DR  
City-St-Zip: JACKSONVILLE, FL 32277

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

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

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

Title: D (X) Change ( ) Addition  
Name: DRESCH, LYNDIA  
Address: 12819 OAKLAND HILLS CT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change ( ) Addition  
Name: FOSTER, MARY  
Address: 2830 OAK COVE LN  
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS B. REGISTER

MR.

03/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date