FILED Apr 14, 2008 8:00 am Secretary of State

| 2008 NO | Γ-FOR-PRO | FIT CORP | ORATION |
|---------|-----------|----------|---------|
| | ANNUAL | REPORT | |

| DOCUMENT # N22931 1. Entity Name ARLINGTON UNITED METHODIST CHURCH, INC. | | | | | | | С | 94-14-2008 9 | 0028 02 | 25 ****7 | 0.00 |
|--|--|---|-------------------|--|--|--|--|--|----------------|--------------------------------|--|
| Principal Place of Business 1400 UNIVERSITY BOULEVARD N. 1400 UNIVERSITY BOULEVARD N. 1400 UNIVERSITY BOULEVARD C/O CARL SCOTT SCHULER JACKSONVILLE, FL 32211 Mailing Address 1400 UNIVERSITY BOULEVARD C/O CARL SCOTT SCHULER JACKSONVILLE, FL 32211 | | | | R | | - | | | BITU BITU GIBI | | |
| Principal Place of Business - No P.O. Box # Mailing Address | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Sui | Suite, Apt. #, etc. | | | 02262008 _{Cl} | ng-NP | CR2E037 | (12/06) | |
| City & State | | City | City & State | | | 4. FEI Number 59-601151 | 7 | | | plied For t Applicable | |
| Zip | | Country | Zip | | Country | | 5. Certificate of St | atus Desired | | 8.75 Add | |
| | 6. Name | and Address of Current | Registere | d Agent | | | 7. Name and Add | ress of New Reg | gistered Ag | gent | |
| SCHULER | CARLS | COTT | - - | | Name | | | - | - | - | |
| SCHULER, CARL SCOTT 1400 UNIVERSITY BOULEVARD N. JACKSONVILLE, FL 32211 | | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | City | FL Zip Code | | | | | |
| | named entiti ions of regis | ty submits this statement for tered agent. | or the purpo | ose of changing its re | egistered office | or register | ed agent, or both, in | the State of Florid | da. I am fa | miliar with, | and accept |
| SIGNATURE . | Signature, typed | d or printed name of registered agent | and title if appl | icable. (NOTE: F | Registered Agent sign | ature required | when reinstating) | | DATE | | |
| | _ | ee is \$61.25 Way 1, 2008 | | 9. Election Camp Trust Fund Co | | | \$5.00 May Be | | | payable to nent of St | |
| | , | , ., | | mast, and co | | _ | Added to Fees | | | | |
| 10. | | OFFICERS AND DI | RECTORS | | 11. | | ADDITIONS/CHANG | | | · · · · · | |
| 10. | D | | RECTORS | ☐ Delete | | | | | S AND DIRE | · · · · · | |
| | D REGISTE | | RECTORS | | 11. | D LEE, | ADDITIONS/CHANG | ES TO OFFICERS | S AND DIRE | CTORS IN | 10 |
| TITLE NAME | D REGISTE 3849 SAN | OFFICERS AND DI | RECTORS | | 11. TITLE NAME | D LEE, 3811 | ADDITIONS/CHANG BRIAN Union Pac | ES TO OFFICERS | W. | CTORS IN | 10 |
| TITLE NAME STREET ADDRESS | D REGISTE 3849 SAN | OFFICERS AND DI ER, DOUGLAS B NDY SHORES DR NVILLE, FL 32277 | RECTORS | | 11. TITLE NAME STREET ADDRESS | D LEE, 3811 Jack | BRIAN Union Packsonville, | ES TO OFFICERS ific Dr. FL 32246 | W. | CTORS IN | 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | D REGISTE 3849 SAN JACKSON T CHESTEN 825 LEON | OFFICERS AND DI ER, DOUGLAS B NDY SHORES DR NVILLE, FL 32277 R, TOM J NIE CIR | RECTORS | ☐ Delete | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | D LEE, 3811 Jack D CLAV | BRIAN Union Packsonville, ERIE, GRAH | ific Dr. FL 32246 | W. | CTORS IN | 10 Addition |
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