FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:20

DOCUMENT # N27275 (9)

1. Corporation Name

LAKEWOOD UNITED METHODIST CHURCH OF JACKSONVILLE , INC.

Principal Place of Business
6133 SAN JOSE BLVD
JACKSONVILLE FL 32217

Mailing Address
6133 SAN JOSE BLVD
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1988
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2892179 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ANDERSON, KENNETH G.
2540 GULF LIFE TOWER
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent Signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WETMORE, THOMAS
STREET ADDRESS	7413 HERNANDO RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD
NAME	RICHARDSON, MICHAEL
STREET ADDRESS	1775 EMORY CIR S
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	WAYT, PETE
STREET ADDRESS	9553 BEAUCLERC COVE ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	D
NAME	GRIFFIN, BILL
STREET ADDRESS	2679 RIVER PORT DRIVE NORTH
CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	D
NAME	BURNS, VICKI
STREET ADDRESS	6341 COLGATE RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	CRENSHAW, ED
STREET ADDRESS	1957 SAN MARIE DRIVE NORTH
CITY-ST-ZIP	JACKSONVILLE FL 32217

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	☑ Change ☐ Addition
12 NAME	Wayt, Pete	
13 STREET ADDRESS	9553 Beauclerc Cove Rd	
14 CITY-ST-ZIP	Jacksonville, FL 32257	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	D	☐ Change ☑ Addition
32 NAME	Walker, Al	
33 STREET ADDRESS	12834 Brady Rd	
34 CITY-ST-ZIP	Jacksonville, FL 32223	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	D	☐ Change ☑ Addition
62 NAME	Crenshaw, Ann	
63 STREET ADDRESS	1957 San Marie Dr N	
64 CITY-ST-ZIP	Jacksonville, FL 32217	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or will be added with this report.

SIGNATURE: _____ 2-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0006713