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Feb 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N27275 (9)

1. Corporation Name

LAKEWOOD UNITED METHODIST CHURCH OF JACKSONVILLE
, INC.

Principal Place of Business

Mailing Address

6133 SAN JOSE BLVD
JACKSONVILLE FL 32217

6133 SAN JOSE BLVD
JACKSONVILLE FL 32217-2332



3. Date Incorporated or Qualified
07/06/1988

3a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2892179

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME WALKER, AL
STREET ADDRESS 12834 BRADY RD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Bob Bachman
1.3 STREET ADDRESS 4342 Peachtree Cir E
1.4 CITY-ST-ZIP Jacksonville, FL 32207

TITLE SD ☒ DELETE
NAME RICHARDSON, MICHAEL
STREET ADDRESS 1775 EMORY CIR S
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE B ☐ Change ☒ Addition
2.2 NAME Pam Bernath
2.3 STREET ADDRESS 8547 Brierwood Rd
2.4 CITY-ST-ZIP Jacksonville, FL 32217

TITLE D ☐ DELETE
NAME BIERY, MARK
STREET ADDRESS 7816 BAYMEADOWS CIR W.
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME mark Biery
3.3 STREET ADDRESS 3909 SAN BERNARDO Dr
3.4 CITY-ST-ZIP Jacksonville, FL 32217

TITLE D ☐ DELETE
NAME BLACK, JIM
STREET ADDRESS 6758 MADRID AVE
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME RHODEN, RENEE
STREET ADDRESS 2832 BEAUCLERC RD
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CRENSHAW, ANN
STREET ADDRESS 1957 SAN MARIE DR N
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or 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 on an attachment with an address.

SIGNATURE:

Robert S. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97

Date

Daytime Phone 904-555-5555

CR2E037 (9/96)