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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27275**

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 07/06/1988

4. FEI Number: 59-2892179 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

ANDERSON, KENNETH G.
2540 GULF LIFE TOWER
N
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DALY, DAN		1.2 NAME	David Dinkins	
STREET ADDRESS	8027 SANTILLO		1.3 STREET ADDRESS	10653 Casa Grande Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32217		1.4 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	CD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BERNATH, PAM		2.2 NAME	Emmett Short	
STREET ADDRESS	8547 BRIERWOOD RD		2.3 STREET ADDRESS	1120 Miramar Avenue	
CITY-ST-ZIP	JACKSONVILLE FL 32217		2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	STURNEY, PAUL		3.2 NAME	Renee Rhoden	
STREET ADDRESS	367 JULINGTON CREEK RD		3.3 STREET ADDRESS	11151 W. Chester Lake Rd.	
CITY-ST-ZIP	JACKSONVILLE FL 32223		3.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, JIM		4.2 NAME		
STREET ADDRESS	6758 MADRID AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BACHMAN, BOB		5.2 NAME		
STREET ADDRESS	4342 PEACHTREECIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMONETTA, KAYE		6.2 NAME		
STREET ADDRESS	10107 SCOTT MILL RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Pamela M. Bryant **REQUIRED** 2/16/99 904 733 8477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #