2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27275

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90177 035 ****61.25

1. Entity Name

LAKEWOOD UNITED METHODIST CHURCH OF JACKSONVILLE

Principal Place of Business	Mailing Address
6133 SAN JOSE BLVD JACKSONVILLE FL 32217	6133 SAN JOSE BLVD JACKSONVILLE FL 32217-2332

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0979203 ~~59-2892179~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, KENNETH G. 2540 GULF LIFE TOWER N JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALY, DAN 8027 SANTILLO JACKSONVILLE FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Bill Griffin 2679 Riverport Dr. N. Jacksonville, FL 32223-6516	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BERNATH, PAM 8547 BRIERWOOD RD JACKSONVILLE FL 32217	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D E. O. Harwell 8179 Hollyridge Rd. Jacksonville, FL 32256-7103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STURNEY, PAUL 367 JULINGTON CREEK RD JACKSONVILLE FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DINKINS, DAVID 10653 CASA GRANDE DR JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BACHMAN, BOB 4342 PEACHTREECIR JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMONETTA, KAYE 10107 SCOTT MILL RD JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] REQUIRED 4/26/00 904-733-8477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #