2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 13, 2007 8:00 am Secretary of State

DOCUMENT # N27275 1. Entity Name LAKEWOOD UNITED METHODIST CHURCH OF JACKSONVILLE, INC.						07-13-2001	7 90086 041	****7	0.00
Principal Place of Business 6133 SAN JOSE BLVD JACKSONVILLE, FL 32217 Backsonville, FL 32217 Mailing Address 6133 SAN JOSE BLVD JACKSONVILLE, FL 32217			7	<u></u>	 1 100 HIOS BSB (KB)		in 11811 11811 1180 11	861 31816 \$181	(KA) 8 1 1881
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07062007 C	hg-NP	CR2E037	(12/06)	
City & State		City & State	·		4. FEI Number 59-097920	03			oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		3.75 Add e Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New	Registered Age	ent	
ANDERSON, KENNETH G.			Name						
1301 RIVERPLACE BLVD			Street Address		P.O. Box Number is	Not Acceptab	ole)		
SUITE 264 JACKSON	10 VILLE, FL 32207								
			City				FL	Zip Cod	е
	named entity submits this statement for	or the purpose of changing its re	gistered office o	r register	ed agent, or both, ir	the State of F	lorida. I am fam	niliar with,	and accept
tric obligat	iona orregiatorea agent.								
SIGNATURE .	<u> </u>						0.175		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legislered Agent signal	ture required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 14, 2007	9. Election Camp Trust Fund Cor	aign Financing	ture required	\$5.00 May Be Added to Fees		DATE Make check porida Department		
	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be	Fic	Make check p	ent of S	tate
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 outsil life empowered.

SIGNATURE: _

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Slack M BLACK

7-11-07

404800011

Daytime Phone #