


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90001 040 ****70.00

DOCUMENT # N27275 1. Entity 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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				
4. FEI Number 59-0979203				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ANDERSON, KENNETH G. 2540 GULF LIFE TOWER N JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, KAREN E 6406 MERCER CIRCLE W JACKSONVILLE, FL 32217		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAM, THEODORE D 9118 KINGS COLONY RD JACKSONVILLE, FL 32257-4931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODEN, RENEE 11151 CHESTER LAKE RD W JACKSONVILLE, FL 32256		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, SAM 5628 MILMAR DR S JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKJIM 6768 MADRID AVE JACKSONVILLE, FL 32247		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABRIELI, EUGENE W. 436 CRESCENT MOOND DR JACKSONVILLE, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITAKER, ED 10042 LAKE LAMAR CT JACKSONVILLE, FL 32256		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, KARETTA 6972 ROUNDLEAF DR JACKSONVILLE, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRYOR, ANITA 5441 RIVER TRAIL RD. N. JACKSONVILLE, FL 32277		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ANTHONY P. 8133 BAHIA BLANCA ST JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRWAN, MICHAEL 2757 FOREST MILL LANE JACKSONVILLE, FL 32257		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRWAN, MICHAEL 2757 FOREST MILL LANE JACKSONVILLE, FL 32207	
12. I hereby certify that the information supplied with this filing 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 other like empowered.						
SIGNATURE <u><i>Michael Kirwan</i></u> ADMC 8/20/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						