2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27275

FILED Apr 15, 2009 Secretary of State

Entity Name: LAKEWOOD UNITED METHODIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
	I JOSE BLVD NVILLE, FL 32:	217			
Current Mailing Address:			New Mailing	New Mailing Address:	
	I JOSE BLVD NVILLE, FL 32:	217			
El Number	r: 59-0979203	FEI Number Applied For()	FEI Number Not Applica	able () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:	
	ON, KENNETH F LIFE TOWE				
	NVILLE, FL 32:	207 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its	registered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	CHANGES TO OFFICERS AND DIRECTOR	
itle: lame: .ddress: :ity-St-Zip:	D (PHILLIPS, KAF 6406 MERCEF JACKSONVILL	CIRCLE W	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: ity-St-Zip:	RHODEN, REN	ER LAKE RD W	Title: Name: Address: City-St-Zip:	() Change () Addition	
	,) Delete ORE D	Title: Name:	() Change () Addition	
ame: ddress:	BEAM, THEOD 9118 KINGS C JACKSONVILL	OLONY RD E, FL 32257 US	Address: City-St-Zip:		
itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip:	9118 KINGS C JACKSONVILL D (CREWS, SAM 5628 MILMAR	E, FL 32257 US) Delete		()Change ()Addition	
ame: ddress: ity-St-Zip: itle: ame: ddress:	9118 KINGS C JACKSONVILL D (CREWS, SAM 5628 MILMAR JACKSONVILL D (GABRIEL, EUC 436 CRESCEN	E, FL 32257 US) Delete DR S E, FL 32207 US) Delete SENE W	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition D (X) Change()Addition FANNIN, BUCK 6750 OAKWOOD DR JACKSONVILLE, FL 32211 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT NORTON CD 04/15/2009