


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N32013** (7)

1. Corporation Name

**FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, I
NC.**

Principal Place of Business

Mailing Address

**4000 SPRING PARK RD
JACKSONVILLE FL 32207
US**

**4000 SPRING PARK RD
JACKSONVILLE FL 32207-5742
US**



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|--------------------------------|--|-------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/28/1989 | | 3a. Date of Last Report 07/06/1996 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 59-0696290 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWELL, MARGARET H REV
4000 SPRING PARK RD
JACKSONVILLE FL 32207**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBBIE, GORDON P | 1.2 NAME | |
| STREET ADDRESS | 7241 OLD KINGS RD. S. #44 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217-3390 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACARAGES, JACK D | 2.2 NAME | Thomas Tyson, Vice Chairman |
| STREET ADDRESS | 2866 NICHOLAS CIR WEST | 2.3 STREET ADDRESS | 3226 Glendyne Dr. W. & Director |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | Jacksonville, FL 32216 |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORGAN, ROBERT EUGENE | 3.2 NAME | |
| STREET ADDRESS | 4603 RUCKNER RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, EVELYN | 4.2 NAME | Brightwell, Geraldine, Secretary & |
| STREET ADDRESS | 3806 ORLANDO CIR. W. | 4.3 STREET ADDRESS | 4411 DeKalb Ave. Director |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | 4.4 CITY-ST-ZIP | Jacksonville, FL 32207 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIGHTWELL, GERALDINE E | 5.2 NAME | Peavy, Sharon, Director |
| STREET ADDRESS | 4411 DEKALB AVE | 5.3 STREET ADDRESS | 5103 Damascus Rd., N. |
| CITY-ST-ZIP | JACKSONVILLE FL | 5.4 CITY-ST-ZIP | Jacksonville, FL 32207 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHUTTERLY, RICHARD | 6.2 NAME | |
| STREET ADDRESS | 3600 CEDAR DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0004950

CR2E037 (9/96)