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FILED
Feb 12 1997 8:00am
Secretary of State

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: 4000 SPRING PARK RD JACKSONVILLE FL 32207 US
Mailing Address: 4000 SPRING PARK RD JACKSONVILLE FL 32207-5742 US

3. Date Incorporated or Qualified: 04/28/1989
3a. Date of Last Report: 07/06/1996
4. FEI Number: 59-0696290
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
City & State: 27
Zip: 24
Country: 25
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent: HOWELL, MARGARET H REV, 4000 SPRING PARK RD, JACKSONVILLE FL 32207
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	ROBBIE, GORDON P 7241 OLD KINGS RD. S. #44 JACKSONVILLE FL 32217-3390	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	MACARAGES, JACK D 2868 NICHOLAS CIR WEST JACKSONVILLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	MORGAN, ROBERT EUGENE 4603 RUCKNER RD JACKSONVILLE FL	2.2 NAME: Thomas Tyson, Vice Chairman & Director	2.3 STREET ADDRESS: 3226 Glendyne Dr. W. Jacksonville, FL 32216
TITLE: SD	MILLER, EVELYN 3808 ORLANDO CIR. W. JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP: Jacksonville, FL 32216	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	BRIGHTWELL, GERALDINE E 4411 DEKALB AVE JACKSONVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	SHUTTERLY, RICHARD 3600 CEDAR DR JACKSONVILLE FL	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME: Brightwell, Geraldine, Secretary & Director	4.3 STREET ADDRESS: 4411 DeKalb Ave. Jacksonville, FL 32207
		4.4 CITY-ST-ZIP: Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME: Peavy, Sharon, Director	5.3 STREET ADDRESS: 5103 Damascus Rd., N. Jacksonville, FL 32207
		5.4 CITY-ST-ZIP: Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: 1/21/97 Daytime Phone: #0004950

CR2E037 (9/96)