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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32013

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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/28/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0696290
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
Country 29	Zip 30	8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MCINTOSH, DELANO M 4000 SPRING PARK RD JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent	
	81 Name Rob Hoenshel	82 Street Address (P.O. Box Number is Not Acceptable) 4000 Spring Park Road
	83	
	84 City Jacksonville	85 Zip Code FL 32207

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: Rob Hoenshel
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 checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TYSON, THOMAS		1.2 NAME Rob Hoenshel	
STREET ADDRESS 3226 GLENDYNE DR W		1.3 STREET ADDRESS 1384 San Mateo Avenue	
CITY-ST-ZIP JACKSONVILLE FL 32217-3390		1.4 CITY-ST-ZIP Jacksonville, FL 32207	
TITLE VCD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIEL, SANDY		2.2 NAME Tim Good	
STREET ADDRESS 3220 BOWERS LANE		2.3 STREET ADDRESS 3516 Barquentine Rd.	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP Jacksonville, FL 32216	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREENWALT, JIM		3.2 NAME Edward Lynch	
STREET ADDRESS 4765 LYNBROOK DR	Addition: Sara Holbrook	3.3 STREET ADDRESS 4201 Goldie Street	
CITY-ST-ZIP JACKSONVILLE FL	Jacksonville, FL 322	3.4 CITY-ST-ZIP Jacksonville, FL 32207	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRIGHTWELL, GERALDINE		4.2 NAME Mike Hall	
STREET ADDRESS 4411 DEKALB AVE.		4.3 STREET ADDRESS 3652 Rosemary Street	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP Jacksonville, FL 32207	
TITLE D S	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEAVY, SHARON		5.2 NAME Edwin Vicker	
STREET ADDRESS 5103 DAMASCUS RD., N.		5.3 STREET ADDRESS 2716 Sam Road	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP Jacksonville, FL 32216	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RACINE, IRENE		6.2 NAME Oscar Rash	
STREET ADDRESS 1505 NICHOLSON RD		6.3 STREET ADDRESS 6660 Wellington Place Lane	
CITY-ST-ZIP JACKSONVILLE FL		6.4 CITY-ST-ZIP Jacksonville, FL 32216	

14. I 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, with all other like empowered.

SIGNATURE: Robert S. D. Hoenshel **DATE REQUIRED** 2/8/99 (904) 296-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)