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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32013					
1. Corporation Name FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, INC.					
Principal Place of Business 4000 SPRING PARK RD JACKSONVILLE FL 32207 US			Mailing Address 4000 SPRING PARK RD JACKSONVILLE FL 32207 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/28/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0696290	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCINTOSH, DELANO M 4000 SPRING PARK RD JACKSONVILLE FL 32207				81. Name			
				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 NAME TYSON, THOMAS STREET ADDRESS 3226 GLENDYNE DR W CITY-ST-ZIP JACKSONVILLE FL 32217-3390				1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Rob Hoenshel 1.3 STREET ADDRESS 1384 San Mateo Avenue 1.4 CITY-ST-ZIP Jacksonville, FL 32207			
TITLE VCD <input checked="" type="checkbox"/> DELETE NAME DANIEL, SANDY STREET ADDRESS 3220 BOWERS LANE CITY-ST-ZIP JACKSONVILLE FL				2.1 TITLE VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Tim Good 2.3 STREET ADDRESS 3516 Barquentine Rd. 2.4 CITY-ST-ZIP Jacksonville, FL 32216			
TITLE D <input checked="" type="checkbox"/> DELETE NAME GREENWALT, JIM STREET ADDRESS 4765 LYNBROOK DR CITY-ST-ZIP JACKSONVILLE FL				3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Edward Lynch 3.3 STREET ADDRESS 4201 Goldie Street 3.4 CITY-ST-ZIP Jacksonville, FL 32207			
TITLE SD <input checked="" type="checkbox"/> DELETE NAME BRIGHTWELL, GERALDINE STREET ADDRESS 4411 DEKALB AVE. CITY-ST-ZIP JACKSONVILLE FL				4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Mike Hall 4.3 STREET ADDRESS 3652 Rosemary Street 4.4 CITY-ST-ZIP Jacksonville, FL 32207			
TITLE D S <input type="checkbox"/> DELETE NAME PEAVY, SHARON STREET ADDRESS 5103 DAMASCUS RD., N. CITY-ST-ZIP JACKSONVILLE FL				5.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Edwin Vicker 5.3 STREET ADDRESS 2716 Sam Road 5.4 CITY-ST-ZIP Jacksonville, FL 32216			
TITLE D <input type="checkbox"/> DELETE NAME RACINE, IRENE STREET ADDRESS 1505 NICHOLSON RD CITY-ST-ZIP JACKSONVILLE FL				6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Oscar Rash 6.3 STREET ADDRESS 6660 Wellington Place Lane 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: Rob Hoenshel DATE: 2/8/99 (904) 296-0041
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)