

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90176 016 ****61.25

DOCUMENT # N32013

1. Entity Name

FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, I

Principal Place of Business

Mailing Address

4000 SPRING PARK RD
 JACKSONVILLE FL 32207
 US

4000 SPRING PARK RD
 JACKSONVILLE FL 32207-5742
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0696290

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOENSHEL, ROB
 4000 SPRING PARK RD
 JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Robert D. Hoenshel

3/29/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME HOENSHEL, ROB
 STREET ADDRESS 1384 SAN MATEO AVE
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE SD Change Addition
 NAME Edwin Vickers
 STREET ADDRESS 2716 Sam Road
 CITY-ST-ZIP Jacksonville, FL 32216-5053

TITLE VCD Delete
 NAME GOOD, TIM
 STREET ADDRESS 3516 BARQUENTINE RD.
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VCD Change Addition
 NAME Evelyn Penney
 STREET ADDRESS 2149 Huntsford Rd.
 CITY-ST-ZIP Jacksonville, FL 32207

TITLE D Delete
 NAME LYNCH, EDWARD
 STREET ADDRESS 4201 GOLDIE STREET
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D Change Addition
 NAME Bud Shutterly
 STREET ADDRESS 2539 Lowell Ave.
 CITY-ST-ZIP Jacksonville, FL 32254

TITLE D Delete
 NAME HALL, MIKE
 STREET ADDRESS 3652 ROSEMARY STREET
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D Change Addition
 NAME Paul Aaron
 STREET ADDRESS 5201 Atlantic Blvd. #25
 CITY-ST-ZIP Jacksonville, FL 32207

TITLE D Delete
 NAME PEAVY, SHARON
 STREET ADDRESS 5103 DAMASCUS RD., N.
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D Change Addition
 NAME Beverly Taylor
 STREET ADDRESS 6660 Wellington Place Lane
 CITY-ST-ZIP Jacksonville, FL 32216

TITLE D Delete
 NAME RACINE, IRENE
 STREET ADDRESS 1505 NICHOLSON RD
 CITY-ST-ZIP JACKSONVILLE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert D. Hoenshel **ROB HOENSHEL**

3/29/00

904 296-0041 x 988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)