

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90064 003 ****61.25

DOCUMENT # N32013

1. Entity 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
 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

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
Mrs. Evelyn Miller

Street Address (P.O. Box Number is Not Acceptable)
3806 Orlando Circle W.

City
Jacksonville

FL

Zip Code
32207

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

Evelyn A. Miller

March 5, 2002

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 Miller, Evelyn
 3806 Orlando Circle W.
 Jacksonville, FL 32207** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ND DS
 PENNEY, EVELYN
 2149 HUNTSFORD RD.
 JACKSONVILLE FL 32207** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Long, James
 12426 Gately Oaks Lane E.
 Jacksonville, FL 32225** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 TAYLOR, BEVERLY
 6660 WELLINGTON PLACE LANE
 JACKSONVILLE FL 32216** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Burroughs, Robbie M.
 4715 Spring Park Rd.
 Jacksonville, FL 32207** ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Robbie, Gordon P.
 5000 San Jose Blvd. #123
 Jacksonville, FL 32207** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 AARON, PAUL
 5201 ATLANTIC BLVD #25
 JACKSONVILLE FL 32207** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Daniel, James Sandlin (Sandy)
 3395 Pickwick Dr. S.
 Jacksonville, FL 32257** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 TYSON, TOM
 3226 GLENDYNE DR. W.
 JACKSONVILLE FL 32216** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D ☐ Change ☐ Addition

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:

Evelyn A. Miller

March 5, 2002

904

187-3555

CR2E037 (9/01)