

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90006 007 ****61.25

DOCUMENT # N32013

1. Entity 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**

44052194



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0696290

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

**LONG, JIM
12426 GATELY OAKS LANE E
JACKSONVILLE, FL 32225**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **MILLER, EVELYN**
STREET ADDRESS **3806 ORLANDO CIRCLE W**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **DS** ☐ Delete
NAME **ROBBIE, GORDON**
STREET ADDRESS **5000 SAN JOSE BLVD #123**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **VD** ☐ Delete
NAME **DANIEL, SANDY**
STREET ADDRESS **3395 PICKWICK DR S**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** ☐ Delete
NAME **LONG, JAMES**
STREET ADDRESS **12426 GATELY OAKS LANE E**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **D** ☒ Delete
NAME **GOOD, TIM**
STREET ADDRESS **3516 BARQUENTINE RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition
NAME **Vice Chairman
Joan Sabol**
STREET ADDRESS **5016 River Point Rd.**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **DS** ☐ Change ☒ Addition
NAME **Secretary
Pixley, Rosemarie E.**
STREET ADDRESS **2232 Schumacher Ave.**
CITY-ST-ZIP **Jacksonville, FL 32207**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Robbie, Gordon E.**
STREET ADDRESS **5000 San Jose Blvd.**
CITY-ST-ZIP **Jacksonville, FL 32207-7629**

TITLE **D** ☐ Change ☒ Addition
NAME **Scoggins, Jimmie S.**
STREET ADDRESS **725 Montergo Rd. E.**
CITY-ST-ZIP **Jacksonville, FL 32216**

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:

James A. Long
James A. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04
Date

904-221-3474
Daytime Phone