


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90009 047 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0696290	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAIOLO, ROBERT 10258 CYPRESS LAKE DR JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				8.75 Additional Fee Required	
SIGNATURE <u>Robert Maiolo</u> <u>President, Trustees</u> <u>2-19-'06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDVC <input checked="" type="checkbox"/> Delete SABOL, JOAN 5016 RIVER PT RD JACKSONVILLE, FL 32207				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete MAIOLO, ROBERT 10258 CYPRESS LAKES DR JACKSONVILLE, FL 32256				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RACINE, IRENE 1505 NICHOLSON RD JACKSONVILLE, FL 32207				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PICKETT, LINDA 2704 ELISA DR E JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete PIXLEY, ROSEMARIE E 2232 SCHUMACHER AVE JACKSONVILLE, FL 32207				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCOGGINS, JIMMIE S 725 MONTERGO RD E JACKSONVILLE, FL 32216				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDVC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sandy Daniel 3395 Pickwick Dr. S. JACKSONVILLE, FL 32257				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maxine Westbrook 2962 Cobblestone Cir. W. JACKSONVILLE, FL 32225				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom Blair 2526 Provost Rd. E. JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carlos Arguelles 2416 Holmes St JACKSONVILLE, FL 32207				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frank Davis 6404 Colgate Rd. JACKSONVILLE, FL 32217				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert Maiolo</u> <u>2-19-'06</u> <u>904-403-7976</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					