



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90053 038 \*\*\*\*61.25

DOCUMENT # <u>N32013</u>					
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		<div style="text-align: right; font-size: 24px; font-weight: bold;">40016887</div> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0696290	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>MAIOLA, ROBERT 10258 CYPRESS LAKE DR JACKSONVILLE, FL 32256</del>			Name <u>Juan-Carlos Arguelles</u> Street Address (P.O. Box Number is Not Acceptable) <u>2416 Holmes St</u> City <u>Jax</u> FL Zip Code <u>32207</u>		
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: <u>Juan-Carlos Arguelles</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, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDVC DANIEL, SANDY 3395 PICKWICK DR S JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAIOLA, ROBERT 10258 CYPRESS LAKES DR JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Choir <u>Juan-Carlos Arguelles</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>2416 Holmes St.</u> <u>Jacksonville, FL 32207</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, TOM 2526 PROVOST RD E JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKETT, LINDA 2704 ELISA DR E JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>Joan Sabal</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>5016 River Point Rd.</u> <u>Jacksonville, FL 32207</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, FRANK 6404 COLGATE RD JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOGGINS, JIMMIE S 725 MONTERGO RD E JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>Maxine Westbrook</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>2962 Cobblestone Circle W.</u> <u>Jacksonville, FL 32225</u>		
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>Juan-Carlos Arguelles</u> <span style="float: right;">2/8/07</span> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					