

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90011 010 ****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
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0696290	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARGUELLES, JUAN- CARLOS 2416 HOLMES ST. JACKSONVILLE, FL 32207
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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.

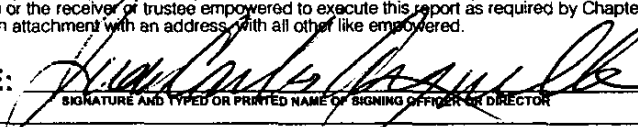
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDVC DANIEL, SANDY 3395 PICKWICK DR S JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ARGUELLES, JUAN- CARLOS 2416 HOLMES ST. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, TOM 2526 PROVOST RD E JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABOL, JOAN 5016 RIVER POINT RD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, FRANK 6404 COLGATE RD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTBROOK, MAXINE 2962 COBBLESTONE CIR. W JACKSONVILLE, FL 32225

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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:  **2/24/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #