2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32013

FILED Jan 22, 2009 Secretary of State

Entity Name: FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

4000 SPRING PARK RD

JACKSONVILLE, FL 32207 LIS

Current Mailing Address: New Mailing Address:

4000 SPRING PARK RD 4000 SPRING PARK RD JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207

FEI Number: 59-0696290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARGUELLES, JUAN- CARLOS ARGUELLES, JUAN- CARLOS 2416 HOLMES ST. 4243 CAMILLÍA CIRCLE EAST JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

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: 01/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32225

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32225

VDVC () Delete (X) Change () Addition

DANIEL, SANDY DANIEL, SANDY Name: Name: 3395 PICKWICK DR S Address: 3395 PICKWICK DR S Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257

Title: Title: (X) Change () Addition () Delete ARGUELLES, JUAN- CARLOS Name: ARGUELLES, JUAN- CARLOS Name: Address: 2416 HOLMES ST. Address: 2416 HOLMES ST.

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: Title: (X) Change () Addition () Delete

BLAIR, TOM SABOL, JOAN Name: Name: 2526 PROVOST RD E 5016 RIVER POINT RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32207

() Delete Title: Title: (X) Change () Addition

SABOL, JOAN Name: Name: PEAVY, JOHN 5016 RIVER POINT RD. Address: Address: 1755 CEDAR BAY RD City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32218

Title: DS () Delete Title: (X) Change () Addition

DAVIS, FRANK PENNEY, EVELYN Name: Name: 6404 COLGATE RD 2149 HUNTSFORD RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete Title: (X) Change () Addition WESTBROOK, MAXINE WESTBROOK, MAXINE Name: Name: Address: 2962 COBBLESTONE CIR. W Address: 2962 COBBLESTONE CIR. W

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JUAN-CARLOS ARGUELLES Т 01/22/2009