

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 24, 2009
Secretary of State

DOCUMENT# N32013

Entity Name: FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, INC.**Current Principal Place of Business:**4000 SPRING PARK RD
JACKSONVILLE, FL 32207 US**New Principal Place of Business:****Current Mailing Address:**4000 SPRING PARK RD
JACKSONVILLE, FL 32207**New Mailing Address:****FEI Number:** 59-0696290**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARGUELLES, JUAN- CARLOS
4243 CAMILLIA CIRCLE EAST
JACKSONVILLE, FL 32207 US**Name and Address of New Registered Agent:**LONG, JAMES A
12301 KERNAN FOREST BLVD
#505
JACKSONVILLE, FL 32225 US

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: JAMES A. LONG

07/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DANIEL, SANDY
Address: 3395 PICKWICK DR S
City-St-Zip: JACKSONVILLE, FL 32257

Title: TC () Delete
Name: ARGUELLES, JUAN- CARLOS
Address: 2416 HOLMES ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: SABOL, JOAN
Address: 5016 RIVER POINT RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: PEAVY, JOHN
Address: 1755 CEDAR BAY RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: PENNEY, EVELYN
Address: 2149 HUNTSFORD RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: WESTBROOK, MAXINE
Address: 2962 COBBLESTONE CIR. W
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TC (X) Change () Addition
Name: LONG, JAMES A
Address: 12301 KERNAN FOREST BLVD #505
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES A. LONG

TC

07/24/2009

Electronic Signature of Signing Officer or Director

Date