

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90244 001 \*\*\*122.50

**DOCUMENT # N32013**

1. Entity Name

**FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, I  
NC.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0696290**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MILLER, EVELYN~~  
**3806 ORLANDO CIRCLE W  
JACKSONVILLE FL 32207**

Name  
**Jim Long**

Street Address (P.O. Box Number is Not Acceptable)  
**12426 Gately Oaks Lane E.**

**Jacksonville**

City

**FL**

Zip Code

**32225**

8. The above named entity submits  
the obligations of registered agent.

ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE

*James A. Long*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **OFF D** ☐ Delete  
NAME **MILLER, EVELYN**  
STREET ADDRESS **3806 ORLANDO CIRCLE W**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VD** ☒ Delete  
NAME **PENNEY, EVELYN**  
STREET ADDRESS **2149 HUNTSFORD RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☒ Delete  
NAME **TAYLOR, BEVERLY**  
STREET ADDRESS **6660 WELLINGTON PLACE LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D P** ☐ Delete  
NAME **LONG, JAMES**  
STREET ADDRESS **12426 GATELY OAKS LANE E**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☒ Delete  
NAME **AARON, PAUL**  
STREET ADDRESS **5201 ATLANTIC BLVD #25**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete  
NAME **TYSON, TOM**  
STREET ADDRESS **3226 GLENDYNE DR. W.**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Change ☒ Addition  
NAME **Robbie, Gordon**  
STREET ADDRESS **5000 San Jose Blvd. #123**  
CITY-ST-ZIP **Jacksonville, FL 32207-7629**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Daniel, Sandy**  
STREET ADDRESS **3395 Pickwick Dr. S.**  
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **D** ☐ Change ☒ Addition  
NAME **Good, Tim**  
STREET ADDRESS **3516 Barquentine Rd.**  
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **D** ☐ Change ☒ Addition  
NAME **Racine, Irene**  
STREET ADDRESS **1505 Nicholson Rd.**  
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **D** ☐ Change ☒ Addition  
NAME **Royce, D. Greg**  
STREET ADDRESS **10010 Skinner Lake Dr.**  
CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*James A. Long*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/4/2003*

Date

*904-558-0221*

Daytime Phone #

CR2E037 (10/02)



FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

February 26, 2003

FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, INC.  
4000 SPRING PARK RD  
JACKSONVILLE, FL 32207 US

Subject: **FAITH UNITED METHODIST CHURCH OF JACKSONVILLE, INC.**

Reference Number: **N32013**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/LR

ANNUAL REPORTS SECTION