2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State
01-18-2005 90039 036 ****61.25

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DOCUMENT # N33205

1. Entity Name
MURRAY HILL UNITED METHODIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
%ELIZABETH L BOZEMAN 4101 COLLEGE ST JACKSONVILLE, FL 32205-2392	%ELIZABETH L BOZEMAN 4101 COLLEGE ST JACKSONVILLE, FL 32205-2392

00001360

01102005 Chg-NP CR2E037 (10/03)

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 59-6002328 ☐ 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
KING, MACK K 1240 KNOBB HILL DRIVE JACKSONVILLE, FL 32221	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR EDMONDS, LINDA 1115 N. LANE AVE. JACKSONVILLE, FL 32254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOZEMAN, ANNON I 10236 BEAR VALLEY RD JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD/S	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ALLISON, PEGGY 4655 WATEROAK LANE JACKSONVILLE, FL 32210	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Glennis McNeil 928 Wolfe St Jacksonville FL 32205	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ROBINSON, JOHN 3741 MOON FLOWER RD. JACKSONVILLE, FL 32210	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Jon Byrd 7924 Winterwood Cir N Jacksonville FL 32210	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HENRY, JEAN 1727 FONSCIA WAY JACKSONVILLE, FL 32221	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR Piering Montalto 1132 Randolph St Jacksonville FL 32205	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR HOLLOWAY, MARK 2920 DOWNING ST. JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mack K King 2-7-05 904 387 4406
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #