

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90014 041 \*\*\*\*61.25

**DOCUMENT # N33205**

1. Entity Name

**MURRAY HILL UNITED METHODIST CHURCH OF  
JACKSONVILLE, INC.**



Principal Place of Business

%ELIZABETH L. BOZEMAN  
4101 COLLEGE ST  
JACKSONVILLE FL 32205-2392

Mailing Address

%ELIZABETH L. BOZEMAN  
4101 COLLEGE ST  
JACKSONVILLE FL 32205-2392



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 ☐ Delete  
NAME **TR**  
STREET ADDRESS **EDMONDS, LINDA**  
CITY-ST-ZIP **1115 N. LANE AVE.  
JACKSONVILLE FL 32254**

TITLE ☐ Delete  
NAME **VD/S**  
STREET ADDRESS **BOZEMAN, ANNON I**  
CITY-ST-ZIP **10236 BEAR VALLEY RD  
JACKSONVILLE FL**

TITLE ☐ Delete  
NAME **TR**  
STREET ADDRESS **MCNEIL, GLENNIS**  
CITY-ST-ZIP **928 WOLFE ST  
JACKSONVILLE FL 32205**

TITLE ☐ Delete  
NAME **TR**  
STREET ADDRESS **BOYD, JON**  
CITY-ST-ZIP **7924 WINTERWOOD DR NORTH  
JACKSONVILLE FL 32210**

TITLE ☒ Delete  
NAME **TR**  
STREET ADDRESS **MONTALTO, PIERINO**  
CITY-ST-ZIP **1132 RANDOLPH ST  
JACKSONVILLE FL 32205**

TITLE ☐ Delete  
NAME **TR**  
STREET ADDRESS **HOLLOWAY, MARK**  
CITY-ST-ZIP **2920 DOWNING ST.  
JACKSONVILLE FL 32205**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **TR**  
STREET ADDRESS **Art Cape**  
CITY-ST-ZIP **5841 Triumph Lane East  
Jacksonville FL 32244**

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 exemptions contained in Section 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 it 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*

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