## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N33205

FILED Jan 20, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** %ELIZABETH L BOZEMAN 4101 COLLEGE ST JACKSONVILLE, FL 322052392 **New Mailing Address: Current Mailing Address:** %ELIZABETH L BOZEMAN 4101 COLLEGE ST JACKSONVILLE, FL 322052392 FEI Number: 59-6002328 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: BOZEMAN, ANNON I KING, MACK K 1240 KNOBB HILL DRIVE 10236 BEAR VALLEY ROAD JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32221 US 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: ANNON I BOZEMAN 01/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EDMONDS, LINDA Name: Name: 1115 N. LANE AVE. Address: Address: City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: Title: VD/S () Delete Title: VD (X) Change ( ) Addition ROBINSON, GEORGE BOZEMAN, ANNON I Name: Name: Address: 10236 BEAR VALLEY RD Address: 1185 HICKORY COVE City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32221 Title: () Delete Title: () Change () Addition MCNEIL, GLENNIS Name: Name: Address: 928 WOLFE ST Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: ( ) Delete Title: TR Title: TR (X) Change ( ) Addition PETTIGREW, DAVID Name: BOYD, JON Name: 7924 WINTERWOOD DR NORTH Address: Address: 739 HICKORY HILL DRIVE City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32221 Title: ( ) Delete Title: (X) Change ( ) Addition CAPE, ART MERRITT, RAY Name: Name: 5841 TRIUMPH LANE E. 1428 WOLFE STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32205 Title: ( ) Delete Title: (X) Change ( ) Addition HOLLOWAY, MARK MADDEN, DAVID Name: Name: Address: 2920 DOWNING ST. Address: 7112 CYPRESS COVE ROAD JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32244 City-St-Zip: 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: ANNON I BOZEMAN D 01/20/2009