

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34397

1. Entity Name

METHODIST CHURCH TRUSTEES, JACKSONVILLE DISTRICT

Principal Place of Business

1415 LASALLE ST.
JACKSONVILLE FL 32207-0196

Mailing Address

1415 LASALLE ST.
JACKSONVILLE FL 32207-3113

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

59-6045472

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

HILL, TERESA L.
1415 LASALLE STREET
JACKSONVILLE FL 32207

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME TR
STREET ADDRESS GIBSON, RON
CITY-ST-ZIP 1955 BROWARD RD
JACKSONVILLE FL 32218

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS Ron Gibson
CITY-ST-ZIP 1955 Broward Road
Jacksonville, FL 32218

TITLE ☐ Delete
NAME T
STREET ADDRESS MOORE, DEBRA B
CITY-ST-ZIP 1415 LASALLE STREET
JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
NAME T/T T/T
STREET ADDRESS Debra B. Moore
CITY-ST-ZIP 1415 LaSalle Street
Jacksonville, FL 32205

TITLE ☐ Delete
NAME TR
STREET ADDRESS MOORE, MIKE
CITY-ST-ZIP 5417 LENOX AVENUE
JACKSONVILLE FL 32205

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS Mike Moore
CITY-ST-ZIP 5417 Lenox Avenue
Jacksonville, FL 32205

TITLE ☒ Delete
NAME CTR
STREET ADDRESS LEWIS, MURRAY
CITY-ST-ZIP 148 WATER OAK DRIVE
PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Addition
NAME S/T
STREET ADDRESS Kip Younger
CITY-ST-ZIP 6429 Atlantic Blvd.
Jacksonville, FL 32211

TITLE ☐ Delete
NAME STR
STREET ADDRESS BUTLER, TOM
CITY-ST-ZIP 3117 ISSER LANE
JACKSONVILLE FL 32257

TITLE ☒ Change ☐ Addition
NAME T
STREET ADDRESS Tom Butler
CITY-ST-ZIP 3117 Isser Lane
Jacksonville, FL 32257

TITLE ☐ Delete
NAME STR
STREET ADDRESS PARKER, WALLACE
CITY-ST-ZIP 3750 GURLEY ROAD
JACKSONVILLE FL 32277

TITLE ☒ Change ☐ Addition
NAME C/T
STREET ADDRESS Wallace Parker
CITY-ST-ZIP 3750 Gurley Road
Jacksonville, FL 32277

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:

Blair B. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

904-396-3026

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90007 011 ****61.25



DO NOT WRITE IN THIS SPACE