

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N34397

1. Entity Name

METHODIST CHURCH TRUSTEES, JACKSONVILLE DISTRICT

Principal Place of Business

Mailing Address

1415 LASALLE ST.
 JACKSONVILLE FL 32207-0196

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

4. FEI Number

59-6045472

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 GIBSON, RON**
 STREET ADDRESS **1955 BROWARD RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

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

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

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

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

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

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

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

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

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

TITLE Change Addition
 NAME **C/T Wallace Parker**
 STREET ADDRESS **3750 Gurley Road**
 CITY-ST-ZIP **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. DeYoung*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

904-396-3026

Daytime Phone #

CR2E037 (9/99)