

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

07-30-2002 90382 010 ****61.25

DOCUMENT # N34397

1. Entity Name

**JACKSONVILLE DISTRICT UNITED METHODIST CHURCH, I
 NC.**

Principal Place of Business

Mailing Address

**1415 LASALLE ST.
 JACKSONVILLE FL 32207-0196**

**1415 LASALLE ST.
 JACKSONVILLE FL 32207-0196**

41109

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SHAFER, THOMAS L.
 1415 LASALLE STREET
 JACKSONVILLE FL 32207**

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

**After September 13, 2002,
 min. will be \$236.25.**

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	T	<input checked="" type="checkbox"/> Delete
NAME	DART, BOB	
STREET ADDRESS	9252 SAN JOSE BLVD #1002	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TT	<input type="checkbox"/> Delete
NAME	MOORE, DEBRA B	
STREET ADDRESS	1415 LASALLE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OSGOOD, SARAH	
STREET ADDRESS	7571 HOLLYRIDGE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HAY, JOHN	
STREET ADDRESS	93 NORTH FIFTH STREET	
CITY-ST-ZIP	MACLENNY FL 32083	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MANESS, BILL	
STREET ADDRESS	112 WEST ADAMS STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	PARKER, WALLACE	
STREET ADDRESS	3750 GURLEY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	

TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Preston, Edgar	
STREET ADDRESS	1401 Pearl St. Jax., FL 32206	
CITY-ST-ZIP		
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, Debra B.	
STREET ADDRESS	1415 LaSalle Street	
CITY-ST-ZIP	Jax., FL 32207	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennings, Frances	
STREET ADDRESS	1604 Avondale Ave.	
CITY-ST-ZIP	Jax., FL 32205	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shafer, Thomas L.	
STREET ADDRESS	1415 LaSalle St.	
CITY-ST-ZIP	Jax., FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chappell, Edward T.	
STREET ADDRESS	8112 Shady Grove Road	
CITY-ST-ZIP	Jax., FL 32256	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02

Date

904-396-3026

Daytime Phone #

CR2E037 (4/02)