

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N38021

1. Entity Name
HIGHLANDS UNITED METHODIST CHURCH, INC.



Principal Place of Business
**1955 BROWARD ROAD
JACKSONVILLE, FL 32218**

Mailing Address
**1955 BROWARD ROAD
JACKSONVILLE, FL 32218**



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1853866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCCANN, WILLIAM S
7664 LAURA ST. N.
JACKSONVILLE, FL 32208**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SHAHER, MARJORIE
STREET ADDRESS	14983 CAPE FOREST TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32226

TITLE	T
NAME	VOSS, DOUG
STREET ADDRESS	1544 MENLO AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32218

TITLE	C
NAME	MCCANN, WILLIAM
STREET ADDRESS	7664 LAURA ST. N.
CITY-ST-ZIP	JACKSONVILLE, FL 32208

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/07-80046-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William S. McCann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07 *904-509-1738*
Date Daytime Phone #