

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39339 (9)

1. Corporation Name

EPPELSON MEMORIAL UNITED METHODIST CHURCH OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

7541 LEM TURNER ROAD
JACKSONVILLE FL 32208

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JACKSONVILLE FL 32208



3. Date Incorporated or Qualified

08/02/1990

3a. Date of Last Report

03/30/1995

4. FEI Number

59-3111849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWLEY W. DAVIS, JR
5360 YOUNIS ROAD
JACKSONVILLE FL 32218

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BLAKE, JAMES V.
STREET ADDRESS 11126 WOODLUM DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME SIMS, RAY
STREET ADDRESS 8429 W. CONCORD BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME BYRD, BONNIE
STREET ADDRESS 558 BROWARD ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME HARDEN, WALLACE
STREET ADDRESS 937 STARKE ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME COOKE, JOHN
STREET ADDRESS 7837 CAXTON CIR. W.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME PONSELL, LOIS
STREET ADDRESS 8111 MARION CIR.
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. V. Blake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES V. BLAKE

3/27/96

Date

(904) 764-4391

Daytime Phone #

CR2E037 (12/95)