## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39339

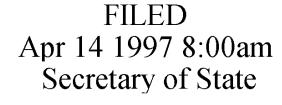
(9)

EPPERSON MEMORIAL UNITED METHODIST CHURCH OF JAC KSONVILLE, INC.

Principal Place of Business

Mailing Address

7541 LEM TURNER ROAD JACKSONVILLE FL 32208 7541 LEM TURNER ROAD JACKSONVILLE FL 32208-3352



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										3. Date Incorporated or Qualified 08/02/1990	3a. Da	te of Last R <b>)4/04/19</b> 9	eport 6	
2.	2. Principal Place of Business				2a. Mailing Address					4. FEI Number	-l	IA I	oplied For	
21					26					59-3111849		No	ot Applicable	
	Suite, Apt.	#, e1c.			Suite, Apt. #, etc.					t Carrier of Burney Barrier	П	\$8.75	Additional	
22				27	27					Certificate of Status Desired	ш	Fee Re	equired	
	City & State	9	<u></u>		City & State					6. Election Campaign Financing	`	\$5.00	May Be	
23				28	28					Trust Fund Contribution Added to Fees				
	Zip		Country		Zip	Cour	ıtry		8. This corporation has liability for intangible tax under s. 199.0				199.032,	
24		25 29 30					Florida Statutes 🔲 Yes 🚻 No							
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent						
							81	Name						
Crawley W. Davis, Jr							82	32 Street Address (P.O. Box Number is Not Acceptable)						
5360 YOUNIS ROAD								bit of Address (1.0. Box Natition is Not Acceptable)						
JACKSONVILLE FL 32218							83							
					84 City						00 7:-			
								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 tegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE														
12			OFFICERS A			13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12	
TITE	LE	D			DELETE 1.1 T			T				Change	Addition	
NAM	IAME BLAKE, JAMES V.				1.2 N		? NAME							
STREET ADDRESS 11128 WOODELM DRIVE					1.3 \$		3 STREET ADDRESS							
	CITY-ST-ZIP JACKSONVILLE FL				E T			CITY-ST-ZIP					1:	
TITE		D						2.1 TILE				Change	Addition	
NAME SIMS, RAY				2.2 N		2.2 NAME					_ •			
STREET ADDRESS 8429 W. CONCORD BLVD.								2.3 STREET ADDRESS					[	
CITY-ST-ZIP JACKSONVILLE FL								2 4 CITY-S1-ZIP					ļ	
	TITLE D							3.1 TITLE				Change	Addition	
NAN	[				3.2 N/			3.2 NAME					ſ	
STREET ADDRESS 556 BROWARD ROAD					L			ADDRESS						
CITY-ST-ZIP JACKSONVILLE FL.								3.4. CITY-ST-ZIP					ļ	
TITLE D								1.1 TITLE				Change	Addition	
	IAME HARDEN, WALLACE				4.2 N			4. 2 NAME				•		
	STREET ADDRESS 937 STARKE ST.							4.3 STREET ADDRESS					ľ	
-	CITY-ST-ZIP JACKSONVILLE FL				4.4 CiTY-ST-ZIP									
TITL		D DELETE					5.1 TITLE					Change	Addition	
NAN	ME (	COOKE,	JOHN			5.2 NAM	ИÉ	ĺ				,		
STR	LEET ADDRESS		XTON CIR. W.			5.3 STR	REET A	ADDRESS						
	Y-ST-ZIP	14 O 4 O A 5 H T 1 A T T T				5.4 CITY - ST - ZIP							1	
TITE		D DELETE				6.1 TITLE					Change	Addition		
NAM	i	PONSEL	L. LOIS		<del></del>	6.2 NA	νŒ							
	EET ADDRESS		RION CIR.					DDRESS						
	1		NVILLE FL											
14. I do 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												the		
. •	information	n indicated (	on this annual report or	suppleme	ental annual report is tr	ue and a	ccur	ate and	that m	ny signature shall have the same legal	effect as	if made un	der oath: that l	

and 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.

CIGNATURE.

HO WILLIAM TO V BLAD

4/6/07 /004\ 764 400