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**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N39339**

1. Corporation Name

**EPPERSON MEMORIAL UNITED METHODIST CHURCH OF JAC  
KSONVILLE, INC.**

Principal Place of Business

7541 LEM TURNER ROAD  
JACKSONVILLE FL 32208

Mailing Address

7541 LEM TURNER ROAD  
JACKSONVILLE FL 32208



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/02/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3111849

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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**

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

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

2.1 TITLE ☐ Change ☒ Addition

TITLE D ☒ DELETE

NAME **BYRD, BONNIE**  
STREET ADDRESS **556 BROWARD ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.2 NAME **STILLSON, DAVID**

2.3 STREET ADDRESS **711 APPIAN WAY**  
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32208**

3.1 TITLE ☐ Change ☒ Addition

TITLE D ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

4.2 NAME

4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME **SNELLER, SIDNEY**  
STREET ADDRESS **7541 EPPERSON AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

5.2 NAME

5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

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

3/31/99

(904) 764-4391

Date

Daytime Phone #

CR2E037 (11/98)