

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39339

1. Entity Name

EPPERSON MEMORIAL UNITED METHODIST CHURCH OF JAC

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90133 036 ****70.00

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 7541 LEM TURNER ROAD JACKSONVILLE FL 32208 | 7541 LEM TURNER ROAD JACKSONVILLE FL 32208-3352 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-3111849 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|-------------------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|-------------------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: _____

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

City _____ FL Zip Code _____

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|-----------------------------|---|--------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|---|--------------------------------|--|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BLAKE, JAMES V. | |
| STREET ADDRESS | 11126 WOODLUM DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STILLSON, DAVID | |
| STREET ADDRESS | 711 APPIAN WAY | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BLAKE, ALLENE | |
| STREET ADDRESS | 11126 WOODLUM DRIVE W. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARDEN, WALLACE | |
| STREET ADDRESS | 937 STARKE ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COOKE, JOHN | |
| STREET ADDRESS | 7837 CAXTON CIR. W. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SNELLER, SIDNEY | |
| STREET ADDRESS | 7541 EPPERSON AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LUEDERS, W. H. | |
| STREET ADDRESS | 10850 CREATIVE DR. | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32218 | |

12. 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 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: W. H. Lueders **REQUIRED** LUEDERS 3/27/00 (904) 764-4391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)