2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001473

1. Entity Name
FIRST UNITED METHODIST CHURCH, JACKSONVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
225 E DUVAL STREET JACKSONVILLE, FL 32202	225 E DUVAL STREET JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

05022006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-0624379
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORSTER, ROBERT JR
6442 WOOD VALLEY ROAD
JACKSONVILLE, FL 32217

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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 Robert Forster Jr 5-15-06
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 September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ADKINS, SYLVIA
STREET ADDRESS	8226 KENSINGTON SQ
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	T
NAME	FORSTER, ROBERT JR
STREET ADDRESS	6442 WOOD VALLEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	V
NAME	MCGILL, JAKE
STREET ADDRESS	2677 POST STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	CD
NAME	DISON, ANN
STREET ADDRESS	3613 SILVERY LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/06-80001-014 61.25

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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: Robert E Forster 5-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #