2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001473

FILED May 01, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

225 E DUVAL STREET JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

225 E DUVAL STREET JACKSONVILLE, FL 32202

FEI Number: 59-0624389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORSTER, ROBERT JR DISON, ANN

6442 WOOD VALLEY ROAD 3613 SILVERY LANE

JACKSONVILLE, FL 32217 US JACKSONVILLE, FL 32217 US

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: ANN DISON 05/01/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: ST () Delete Title: CD (X) Change () Addition

 Name:
 ADKINS, SYLVIA
 Name:
 DISON, ANN

 Address:
 8226 KENSINGTON SQ
 Address:
 3613 SILVERY LANE

 City-St-Zip:
 JACKSONVILLE, FL 32217
 City-St-Zip:
 JACKSONVILLE, FL 32217

Title: T () Delete Title: VD (X) Change () Addition

 Name:
 FORSTER, ROBERT JR
 Name:
 MCGILL, JAKE

 Address:
 6442 WOOD VALLEY ROAD
 Address:
 2677 POST STREET

 City-St-Zip:
 JACKSONVILLE, FL 32217
 City-St-Zip:
 JACKSONVILLE, FL 32204

Title: V () Delete Title: MD (X) Change () Addition Name: MCGILL, JAKE Name: MATTHEWS, JEFF

Name: MCGILL, JAKE Name: MATTHEWS, JEFF
Address: 2677 POST STREET Address: 4990 ORTEGA ROAD
City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32210

Title: CD (X) Delete Title: () Change () Addition

| DISON, ANN | Name: 3613 SILVERY LANE | Address: JACKSONVILLE, FL 32217 | City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN DISON CD 05/01/2007