

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001473

FILED
Feb 20, 2009
Secretary of State

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

Current Principal Place of Business:

225 E DUVAL STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

225 E DUVAL STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-0624389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISON, ANN
3613 SILVERY LANE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

MILLER, GAYLE
6847 SAN SEBASTIAN AVE
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: GAYLE MILLER

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DISON, ANN
Address: 3613 SILVERY LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD () Delete
Name: HIDAY, ROBERT
Address: 3600 JULINGTON CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: MD () Delete
Name: TISDALE, LINDA
Address: 215 E. SIXTH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MILLER, GAYLE
Address: 6847 SAN SEBASTIAN AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD (X) Change () Addition
Name: SCOTT, LAMAR
Address: 17348 RIVER ISLE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD (X) Change () Addition
Name: DAVIS, JOHN R
Address: 3737 TROUT RIVER BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD () Change (X) Addition
Name: BRINSON, DAVID
Address: 4300 LAKESIDE DR #17
City-St-Zip: JACKSONVILLE, FL 32210

Title: MD () Change (X) Addition
Name: SHAW, JIM
Address: 12667 BLACK ANGUS DR
City-St-Zip: JACKSONVILLE, FL 32226

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: GAYLE MILLER

CD

02/20/2009

Electronic Signature of Signing Officer or Director

Date