SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) FLORIDA DEPARTMENT OF STATE NONPROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N95000004507 (8) DOCUMENT #

1. Corporation Name JACKSONVILLE TRINITY UNITED METHODIST CHURCH, IN Mailing Address Principal Place of Business 3889 ELOISE STREET 3889 ELOISE STREET JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 3. Date Incorporated or Qualified 09/21/1995 3a. Date of Last Report Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip ∏Yes ∏No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) PEEK, DAVID H 82 1301 RIVERPLACE BOULEVARD 83 **SUITE 1609** Zip Code JACKSONVILLE FL 32207 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96E) OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 11 TITLE TITLE **CR2E037** NEW, CLARK 1.2 NAME NAME 1346 AZALEA DRIVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 1.4 CiTY - ST - ZIP Addition CITY-ST-ZIP Change DELETE 21 TITLE TITLE PATTEE, WILLIAM H 22 NAME NAME 4111 TRIESTE PLACE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32244 2.4 CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE RICE, PAULA E 32 NAME NAME 1827 FAIR STREET 3 3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE BECICA, CARL F 4.2 NAME NAME 3769 PARK STREET 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 51 TITLE TITLE BECICA, AUDRA M 5.2 NAME NAME 3769 PARK STREET 5.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Block12 or Block13 if changed, or on an attachment with an address. 6.4 CITY - ST - ZIP

0001643

SIGNATURE: