

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.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004507 (8)

1. Corporation Name

JACKSONVILLE TRINITY UNITED METHODIST CHURCH, INC.



Principal Place of Business

Mailing Address

3889 ELOISE STREET  
JACKSONVILLE FL 32205

3889 ELOISE STREET  
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified  
09/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEEK, DAVID H  
1301 RIVERPLACE BOULEVARD  
SUITE 1609  
JACKSONVILLE FL 32207

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME NEW, CLARK  
STREET ADDRESS 1346 AZALEA DRIVE  
CITY - ST - ZIP JACKSONVILLE FL 32205

TITLE D  
NAME PATTEE, WILLIAM H  
STREET ADDRESS 4111 TRIESTE PLACE  
CITY - ST - ZIP JACKSONVILLE FL 32244

TITLE D  
NAME RICE, PAULA E  
STREET ADDRESS 1827 FAIR STREET  
CITY - ST - ZIP JACKSONVILLE FL 32210

TITLE D  
NAME BECICA, CARL F  
STREET ADDRESS 3769 PARK STREET  
CITY - ST - ZIP JACKSONVILLE FL 32205

TITLE D  
NAME BECICA, AUDRA M  
STREET ADDRESS 3769 PARK STREET  
CITY - ST - ZIP JACKSONVILLE FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001643

CR2E037 (3/96)