

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004507

1. Entity Name

JACKSONVILLE TRINITY UNITED METHODIST CHURCH, IN

Principal Place of Business

Mailing Address

3889 ELOISE STREET
JACKSONVILLE FL 32205

3889 ELOISE STREET
JACKSONVILLE FL 32205-8943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2079820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Change ☒ Addition
NAME MACK OWEN
STREET ADDRESS 2866 IONIC AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

TITLE D ☐ Change ☒ Addition
NAME PAUL RICE
STREET ADDRESS 1826 FAIR STREET
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D ☐ Change ☒ Addition
NAME BETH JOYNER
STREET ADDRESS 2358 DELLWOOD AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32204

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Trinity United Methodist Church
PASTOR
REQUIRED C. M. Owen 3-1600 (904-388-5546)
CHAIRMAN - TRUSTEES
Daytime Phone #

CR2E037 (9/99)