

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90116 022 \*\*\*\*61.25

**DOCUMENT # N95000004507**

1. Entity Name

**JACKSONVILLE TRINITY UNITED METHODIST CHURCH, IN  
C.**

Principal Place of Business

Mailing Address

**3889 ELOISE STREET  
JACKSONVILLE FL 32205**

**3889 ELOISE STREET  
JACKSONVILLE FL 32205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2079820**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete  
NAME **D OWEN, MACK**  
STREET ADDRESS **2886 IONIC AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE ☐ Delete  
NAME **D RICE, PAUL**  
STREET ADDRESS **1826 FAIR ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

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

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

TITLE ☐ Delete  
NAME **D JOYNER, BETH**  
STREET ADDRESS **2358 DELLWOOD AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

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

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

TITLE ☒ Change ☐ Addition  
NAME **D HENDRICK, AUDRA M.**  
STREET ADDRESS **3769 PARK STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

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:

*[Signature]*  
**SECRETARY OF STATE**

*[Signature]*  
**CHAIRMAN TRUSTEE**

**1-904-  
388-  
5546**

CR2E037 (9/01)