


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004507	
1. Entity Name JACKSONVILLE TRINITY UNITED METHODIST CHURCH, INC.	

Principal Place of Business 3889 ELOISE STREET JACKSONVILLE, FL 32205	Mailing Address 3889 ELOISE STREET JACKSONVILLE, FL 32205
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2079820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000584206 01/12/07-80027-006 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWEN, MACK 2866 IONIC AVE. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LL STEWART, TOM 5012 FREMONT STREET JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOLDEN, JUNE 8538 STURBRIDGE CIR W. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOYNER, BETH 2358 DELLWOOD AVE JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DFS HARP, REBEKAH 1517 GLENDALE ST JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Elizabeth A Joyner* 1-7-07 904-388-4159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #