

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001097 (2)**

1. Corporation Name

**ARLINGTON CONGREGATIONAL CHURCH, UNITED CHURCH OF CHRIST, INC.**

Principal Place of Business

Mailing Address

**431 UNIVERSITY BLVD. N.  
JACKSONVILLE FL 32211**

**431 UNIVERSITY BLVD. N.  
JACKSONVILLE FL 32211**



2. Principal Place of Business <b>21</b> Jacksonville, Florida Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Jacksonville, Florida Zip Country <b>24</b> 32211 <b>25</b> USA	2a. Mailing Address <b>26</b> 431 University Blvd. N. Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Jacksonville, Florida Zip Country <b>29</b> 32211 <b>30</b> USA
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3. Date Incorporated or Qualified	<b>02/26/1996</b>
4. FEI Number	<b>59-6045450</b>
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGAULEY, ROBERT E  
431 UNIVERSITY BLVD. N.  
JACKSONVILLE FL 32211**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIETERLE, DANIEL</b>	1.2 NAME	<b>Robert E. McGauley</b>
STREET ADDRESS	<b>4105 HEATH RD.</b>	1.3 STREET ADDRESS	<b>5425 Ft. Caroline Road</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32277</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEMPSEY, WILLIAM III</b>	2.2 NAME	<b>Wayne D. Entsminger</b>
STREET ADDRESS	<b>11539 KINGSLEY MONOR WAY</b>	2.3 STREET ADDRESS	<b>5440 Ft. Caroline Road</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32277</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMPSON, JON</b>	3.2 NAME	<b>T. Neal Kenyon</b>
STREET ADDRESS	<b>129 36TH AVE., S.</b>	3.3 STREET ADDRESS	<b>5377 River Bluff Road</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32250</b>	3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32211</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL, HERRINGTON</b>	4.2 NAME	<b>Charles Hammaker</b>
STREET ADDRESS	<b>5532 PRIMROSE LN.</b>	4.3 STREET ADDRESS	<b>9918 Orchard Hills Road</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYON, JON</b>	5.2 NAME	<b>Sandra Stegall</b>
STREET ADDRESS	<b>1837 SEA OATS DR.</b>	5.3 STREET ADDRESS	<b>3588 Rain Forest Drive West</b>
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32277</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARDELL, RICHARD B</b>	6.2 NAME	
STREET ADDRESS	<b>1519 CORNELL RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	6.4 CITY-ST-ZIP	

14. 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

**George W. Allen**  
Treasurer

SIGNATURE: \_\_\_\_\_

4/6/98 (904) 724-7433

CR2E037 (10/97)