

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90047 005 ****61.25

DOCUMENT # N96000001097

1. Entity Name

ARLINGTON CONGREGATIONAL CHURCH, UNITED CHURCH O

Principal Place of Business

Mailing Address

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

**431 UNIVERSITY BLVD. N.
 JACKSONVILLE FL 32211-6953**

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

59-6045450

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **William H. Dodd**

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

7113 TONGA DR.

City **JACKSONVILLE**

FL

Zip Code **32216**

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

William H. Dodd

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

**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 **MCGAULEY, ROBERT E**
 STREET ADDRESS **5425 FT CAROLINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **D** Change Addition
 NAME **James Winter**
 STREET ADDRESS **5417 Autumnbrook Trail**
 CITY-ST-ZIP **Jacksonville, FL. 32258**

TITLE **D** Delete
 NAME **ENTSMINGER, WAYNE D**
 STREET ADDRESS **5440 FT CAROLINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **D** Change Addition
 NAME **Daniel Dieterle**
 STREET ADDRESS **1093.8 Crosswicks Road**
 CITY-ST-ZIP **Jacksonville, FL. 32256**

TITLE **D** Delete
 NAME **KENYON, T NEAL**
 STREET ADDRESS **5377 RIVER BLUFF RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HAMMAKER, CHARLES**
 STREET ADDRESS **9918 ORCHARD HILLS RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** Change Addition
 NAME **Linsz Norton**
 STREET ADDRESS **13822 Salford Court**
 CITY-ST-ZIP **Jacksonville, FL. 32224**

TITLE **D** Delete
 NAME **STEGALL, SANDRA**
 STREET ADDRESS **3588 RAIN FOREST DR W**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **T** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **MATTHEWS, SANDRA E**
 STREET ADDRESS **14373 FALAN CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **T** Change Addition
 NAME **William H. Dodd**
 STREET ADDRESS **7113 Tonga Drive**
 CITY-ST-ZIP **Jacksonville FL. 32216**

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: *William H. Dodd* **WILLIAM H. DODD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 (904) 728-7433

Date

Daytime Phone #

CR2E037 (9/99)