

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90055 007 ****61.25

DOCUMENT # N96000001097

1. Entity Name
**ARLINGTON CONGREGATIONAL CHURCH, UNITED
CHURCH OF CHRIST, INC.**



Principal Place of Business
**431 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211**

Mailing Address
**431 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211**

50030244



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6045450

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

**PATERSON, JOHN T
8317 GEMINI RD
JACKSONVILLE, FL 32216**

Name **RHODES, SYLVIA H.**

Street Address (P.O. Box Number is Not Acceptable)
2052 SOUTHAMPTON RD.

City **JACKSONVILLE** **FL** Zip Code **32207**

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 *Sylvia H. Rhodes* **SYLVIA H. RHODES TREASURER** **3-20-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WEBB, BECKY**
STREET ADDRESS **431 UNIVERSITY BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **D** ☐ Change ☒ Addition
NAME **MASTIN, ALAN**
STREET ADDRESS **431 UNIVERSITY BLVD, N.**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **T** ☐ Delete
NAME **RHODES, SYLVIA T**
STREET ADDRESS **431 UNIVERSITY BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **T** ☒ Change ☐ Addition
NAME **RHODES, SYLVIA H.**
STREET ADDRESS **431 UNIVERSITY BLVD, N.**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **D** ☒ Delete
NAME **STOLK, HERMAN**
STREET ADDRESS **431 UNIVERSITY BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

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

TITLE ☐ Delete
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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: *Sylvia H. Rhodes* **SYLVIA H. RHODES TREASURER** **3-20-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-724-7433