

2000 UNIFORM BUSINESS REPORT (UBR)

4/1.

FILED
May 09, 2000 8:00 am
Secretary of State
 04-13-2000 90072 050 ****61.25

DOCUMENT # N97000007140

1. Entity Name

GOOD SHEPHERD UNITED METHODIST CHURCH OF JACKSON

Principal Place of Business

Mailing Address

**5417 LENOX AVENUE
 JACKSONVILLE FL 32210**

**5417 LENOX AVENUE
 JACKSONVILLE FL 32205-6391**

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

59-3507429

Applied For

Not Applicable

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

**COHEN, LANCE PAUL
 SUITE 102
 1723 BLANDING BOULEVARD
 JACKSONVILLE FL 32210**

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 PD
 NAME JOOS, JEFFREY ROGER ☒ Delete
 STREET ADDRESS 1711 ESTANCIA AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE PD ☒ Change ☐ Addition
 NAME Margaret M. Gordon
 STREET ADDRESS 8427 Perryman Lane, N.
 CITY-ST-ZIP Jacksonville, FL 32221

TITLE T ☒ Delete
 NAME SPRINGER, JOSEPH P
 STREET ADDRESS 1551 POINTER DRIVE
 CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE T ☒ Change ☐ Addition
 NAME Jim Williams
 STREET ADDRESS 88 Fox Valley Drive
 CITY-ST-ZIP Orange Park, FL 32073

TITLE VPD ☒ Delete
 NAME BLAIR, ERNEST
 STREET ADDRESS 7839 LATREL DR.
 CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE VPD ☒ Change ☐ Addition
 NAME John D. Rosbottom
 STREET ADDRESS 835 Jonathan Road
 CITY-ST-ZIP Baldwin, FL 32234

TITLE SD ☒ Delete
 NAME CROSBY, MARYLOU R
 STREET ADDRESS 1139 SANTIAGO DR
 CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE SD ☒ Change ☐ Addition
 NAME Julie A. Pape
 STREET ADDRESS 15139 Normandy Blvd.
 CITY-ST-ZIP Baldwin, FL 32234

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Donna J. Barker
 STREET ADDRESS 8954 Castle Rock Drive
 CITY-ST-ZIP Jacksonville, FL 32221

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:

John D. Rosbottom REQUESTED

John D. Rosbottom V.P.D.

Date

Daytime Phone #

C:\R2F\37 (9/99)