


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90040 048 \*\*\*\*61.25

**DOCUMENT # N97000007209**  
 1. Entity Name  
**YULEE UNITED METHODIST CHURCH, INC.**



Principal Place of Business Mailing Address  
**860003 CHRISTIAN WAY, YULEE FL 32041** **PO BOX 127 YULEE FL 32041**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2066567** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GRAVES, JOSEPH L**  
**64 OAK GROVE PLACE**  
**FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

|                                       |  |   |
|---------------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T<br>COLE, THOMAS L<br>440793 OLD NASSAVILLE RD<br>FERNANDINA BEACH FL 32034   | <input type="checkbox"/> Delete                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T<br>GRAVES, JOE<br>64 OAK GROVE PL<br>FERNANDINA BEACH FL 32034               | <input type="checkbox"/> Delete                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T<br>JONES, LINDA<br>1890 W SR 200<br>CALLAHAN FL 32011                        | <input checked="" type="checkbox"/> Delete            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T<br>BRIES, JERRY<br>369 PARLIMENT DR<br>FERNANDINA BEACH FL 32034             | <input type="checkbox"/> Delete <i>address change</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T<br>PANKE, FRED<br>254 DUVAL RD<br>FERNANDINA BEACH FL 32034                  | <input type="checkbox"/> Delete <i>address change</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST<br>BAKER, SHIRLEY<br>942634 OLD NASSAUVILLE RD<br>FERNANDINA BEACH FL 32034 | <input type="checkbox"/> Delete                       |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                       |  |  |
|---------------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T<br>Powell, Tim<br>13067 Duval Lake Rd.<br>Jacksonville, FL 32218 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Gries, Jerry<br>96064 Parliament dr.                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 96064 Duval Rd.  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *JL Graves* 3/12/08 (904) 277-2117