

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000004629

1. Entity Name  
NEW LIFE COMMUNITY UNITED METHODIST CHURCH,  
INC.



Principal Place of Business  
11100 WINGATE ROAD  
JACKSONVILLE, FL 32218

Mailing Address  
11100 WINGATE ROAD  
JACKSONVILLE, FL 32218

2. Principal Place of Business - No P.O. Box #  
11100 Wingate Rd  
Suite, Apt. #, etc.

3. Mailing Address  
11100 Wingate Rd  
Suite, Apt. #, etc.

City & State  
Jacksonville, FL 3  
Zip Country  
32218

City & State  
Jacksonville, FL  
Zip Country  
32218

4. FEI Number  
59-3488486

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUCAS, MONICA  
11100 WINGATE ROAD  
JACKSONVILLE, FL 32218

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

Monica Lucas / Monica Lucas

4/26/11

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, 2011

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	SPRC	<input type="checkbox"/> Delete
NAME	BAKER, JORDAN R DR	
STREET ADDRESS	4921 RHODE ISLAND DR. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	LAY	<input type="checkbox"/> Delete
NAME	WATKINS, EDWARD O MR	
STREET ADDRESS	1552 SHEARWATER DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	VT	<input type="checkbox"/> Delete
NAME	VIRGIL, TERRI O MS	
STREET ADDRESS	11555 BIRCH FOREST CIR W	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	MIN	<input type="checkbox"/> Delete
NAME	HOGANS, LAMONT O MR	
STREET ADDRESS	11954 KINGFISHER LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	MIN	<input type="checkbox"/> Delete
NAME	DAVIS, JEFF O MR	
STREET ADDRESS	7625 QUINTINA DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	FIN	<input type="checkbox"/> Delete
NAME	GREEN, BARBARA A DR	
STREET ADDRESS	6632 KINLOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32219	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700203219757
STREET ADDRESS	04/20/11--01005--011 **70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	07/4/28
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Jordan E. Baker, Sr. Jordan E. Baker, Sr. 4/26/11

(904) 768-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #