24 NORTH MAP 305	RKET STREET		
	E, FL 32202 US		
The above named	l entity submits this statement for the purpose of changing its regis	stered office or reais	tered agent. or both. in the State of Flo
SIGNATURE:			
	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	DP	Title	D
Name	OAKES, LESTER M	Name	LIEDTKE, DAVID
Address	14063 PINE ISLAND DRIVE	Address	1158 LINKSIDE COURT E
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	ATLANTIC BEACH FL 32233
Title	D		
Name	BRYAN, MOLLY		
Address	2890 CANYON FALLS DRIVE		

Current Mailing Address:

1821 SAN PABLO RD S JACKSONVILLE, FL 32224-1031

FEI Number: 59-2085823

Name and Address of Current Registered Agent:

FLETCHER, HUGH M 24 1 305 JAC

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESTER M OAKES

City-State-Zip: JACKSONVILLE FL 32224

02/07/2013 **BOARD CHAIRPERSON**

Electronic Signature of Signing Officer/Director Detail

Date

Date

FILED Feb 07, 2013 Secretary of State CC5271723498

Certificate of Status Desired: No

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726259

Entity Name: ISLE OF FAITH UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1821 SAN PABLO RD S JACKSONVILLE, FL 32224-1031