

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007483

Entity Name: EBENEZER UNITED METHODIST CHURCH JACKSONVILLE, INC**FILED**
Apr 30, 2019
Secretary of State
9541097153CC**Current Principal Place of Business:**9114 NORFOLK BLVD
JACKSONVILLE, FL 32208**Current Mailing Address:**9114 NORFOLK BLVD
JACKSONVILLE, FL 32208 US**FEI Number: 59-1675965****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**THOMPSON, DEBORAH
1202 GREEN CAY AVE
JACKSONVILLE, FL 32233 US*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: DEBORAH THOMPSON****04/30/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRPERSON
Name EMANUEL, FRANK
Address 9114 NORFOLK BLVD
City-State-Zip: JACKSONVILLE FL 32208

Title TREA
Name LOGAN, UGENE
Address 1251 BECKNER AVE
City-State-Zip: JACKSONVILLE FL 32218

Title TRUSTEE CHAIR
Name FLEMMING, RICA
Address 9114 NORFOLK BLVD
City-State-Zip: JACKSONVILLE FL 32208

Title LAY MEMBER TO ANNUAL
CONFERENCE
Name FORD, THOMASINA J
Address 5913 FLORADALE DR
City-State-Zip: JACKSONVILLE FL 32209

Title FINANCE SECRETARY
Name TONEY, ETHEL
Address 5073 DOSTIE DR.
City-State-Zip: JACKSONVILLE FL 32208

Title ALTERNATE LAY MEMBER TO
ANNUAL CONFERENCE
Name REID, WILLIAM
Address 1849 DAYTONA LANE
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY/MEMBERSHIP
SECRETARY
Name SCHELL, JACKIE
Address 9753 DEVONSHIRE BLVD
City-State-Zip: JACKSONVILLE FL 32208

Title YOUNG ADULT
Name MCGRUDER, TARYN
Address 6443 THURGOOD CIRCLE
City-State-Zip: JACKSONVILLE FL 32219

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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: HEZEKIAH LUCAS SR.**CO-TRUSTEE CHAIR****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title LAY LEADERSHIP COMMITTEE
Name FORD, THOMASINA J
Address 5913 FLORADALE DR
City-State-Zip: JACKSONVILLE FL 32208

Title CO-TRUSTEE
Name LUCAS, HEZEKIAH SR.
Address 6696 NORTSHORE LN
City-State-Zip: JACKSONVILLE FL 32208

Title MEMBER AT LARGE
Name FUNCHES, PENNIE
Address 5845 FELIX DR. S
City-State-Zip: JACKSONVILLE FL 32219