

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22931

Entity Name: ARLINGTON UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**1400 UNIVERSITY BOULEVARD N.
C/O CARL SCOTT SCHULER
JACKSONVILLE, FL 32211**Current Mailing Address:**1400 UNIVERSITY BOULEVARD N.
C/O CARL SCOTT SCHULER
JACKSONVILLE, FL 32211**FEI Number:** 59-6011517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHULER, CARL S
640 CESERY BOULEVARD
250
JACKSONVILLE, FL 32211 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KELLY, EARL J
Address 5514 DARLOW AVE
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE
Name LEE, BRIAN J
Address 12410 TROPIC DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title TRUSTEE
Name NOGLE, LINDA K
Address 1851 WOODRIVER DR.
City-State-Zip: JACKSONVILLE FL 32246

Title CHAIRMAN
Name HOLTON, WALTER L
Address 4304 FERN CREEK DR
City-State-Zip: JACKSONVILLE FL 32277

Title SECRETARY
Name NEAL, STEWART
Address 10519 WELLINGTON SPRINGS WAY
City-State-Zip: JACKSONVILLE FL 32221

Title TRUSTEE
Name LAMONT, DAVID
Address 2515 FERNSIDE RD.
City-State-Zip: JACKSONVILLE FL 32246

Title TRUSTEE
Name PARKER, ANN
Address 6702 HEIDI ROAD
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE
Name DRESCH, JERRY L
Address 12918 OAKLAND HILLS CR
City-State-Zip: JACKSONVILLE FL 32225

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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: HOLTON, WALTER L

CHAIRMAN

02/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name SANDERS, MELICENT
Address 3788 VALVERDE CIR
City-State-Zip: JACKSONVILLE FL 32224

Title CO-TRUSTEE
Name STEWART, JAMES S
Address 943 GLYNLEA RD
City-State-Zip: JACKSONVILLE FL 32216

Title TRUSTEE
Name SMITH, ERIK
Address 4995 BRIDGEWATER CIR
City-State-Zip: JACKSONVILLE FL 32207

Title TRUSTEE
Name QUISENBERRY, GRETCHEN
Address 3289 ALISTAIR CT
City-State-Zip: JACKSONVILLE FL 32226