

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27275

Entity Name: LAKEWOOD UNITED METHODIST CHURCH OF JACKSONVILLE, INC.**Current Principal Place of Business:**6133 SAN JOSE BLVD
JACKSONVILLE, FL 32217**Current Mailing Address:**6133 SAN JOSE BLVD
JACKSONVILLE, FL 32217**FEI Number: 59-0979203****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ANDERSON, KENNETH G.
2540 GULF LIFE TOWER
N
JACKSONVILLE, FL 32207 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	CD
Name	CHAPMAN, SUSIE
Address	12017 LAKE FERN DRIVE
City-State-Zip:	JACKSONVILLE FL 32258

Title	D
Name	CANNON, PHILIP
Address	4151 HANGING MOSS CT.
City-State-Zip:	JACKSONVILLE FL 32257

Title	D
Name	KIRWAN, MICHAEL
Address	2757 FOREST MILL LANE
City-State-Zip:	JACKSONVILLE FL 32257

Title	D
Name	BRITT, CHERRY
Address	9735 CHESTERFIELD DR
City-State-Zip:	JACKSONVILLE FL 32257

Title	D
Name	EVANS, JEFF
Address	3024 ATHERLEY RD
City-State-Zip:	ST AUGUSTINE FL 32092

Title	D
Name	GRAVES, EDWIN
Address	2452 SEDGWICK PLACE
City-State-Zip:	JACKSONVILLE FL 32217

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: SUSIE CHAPMAN**CHAIR OF TRUSTEES****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date