2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2017
Secretary of State
CC0942832673

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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: No

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	TRUSTEE, CHAIRMAN
Name	GREEN, GLENN
Address	6133 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217

Title	TRUSTEE
Name	GRAVES, EDWIN
Address	6133 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217

Title	TRUSTEE
Name	JOHNSTON, DAVID
Address	6133 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217

Title	TRUSTEE
Name	DAVOLI, SANDY
Address	6133 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217

Title	TRUSTEE
Name	O'NEAL, EDDIE
Address	6133 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217

Title	TRUSTEE
Name	RUSAK, LISA
Address	6133 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217

Title	TRUSTEE
Name	BACHMAN, MELODY
Address	6133 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217

Title	TRUSTEE
Name	JOHNSON, GENE
Address	6133 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217

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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: MELANIE EVANS — OFFICE MANAGER — 02/16/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	KILLEN, BILL
Address	6133 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217

Title	OFFICER
Name	EVANS, MELANIE L
Address	6133 SAN JOSE BLVD
City-State-Zip:	JACKSONVILLE FL 32217