### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32013

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

FILED
Mar 31, 2014
Secretary of State
CC4423885639

# **Current Principal Place of Business:**

4000 SPRING PARK RD JACKSONVILLE, FL 32207

## **Current Mailing Address:**

4000 SPRING PARK RD JACKSONVILLE, FL 32207 US

FEI Number: 59-0696290 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

LONG, JAMES A 12301 KERNAN FOREST BLVD #505 JACKSONVILLE, FL 32225 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 T Title TC

Name BIDWELL, WARREN Name LONG, JAMES ACHURCH

Address 230 LEATHERLEAF DR. Address 12301 KERNAN FOREST BLVD #505

City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32225

Title T Title T

Name SABOL, JOAN Name PIXLEY, MARK

Address 5016 RIVER POINT RD Address 2232 SCHUMACHER AVE
City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title T Title T

NameJULIE, SECHRISTNameWESTBROOK, MAXINEAddress9640 WEXFORD ROADAddress2962 COBBLESTONE CIR. WCity-State-Zip:JACKSONVILLE FL 32257City-State-Zip:JACKSONVILLE FL 32225

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: JAMES A. LONG

**CHAIR OF TRUSTEES** 

03/31/2014