

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32013

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

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:

DAVIS, SUSAN
6404 COLGATE RD
JACKSONVILLE, FL 32217 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: SUSAN DAVIS

01/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER, FINANCE CHAIR
Name SPEICHER, GLENN
Address 455 OAK RIDGE TRAIL
City-State-Zip: ST. AUGUSTINE FL 32092

Title TRUSTEE
Name DANIEL, SANDY
Address 3395 PICKWICK DR S
City-State-Zip: JACKSONVILLE FL 32257

Title TRUSTEE
Name BEVILLE, MIKE
Address 2511 PROVOST RD. E.
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER
Name DANIEL, JANE
Address 3395 PICKWICK DR. S.
City-State-Zip: JACKSONVILLE FL 32257

Title OFFICER, COUNCIL CHAIR
Name DAVIS, SUSAN
Address 6404 COLGATE RD.
City-State-Zip: JACKSONVILLE FL 32217

Title TRUSTEE
Name LONG, FRANCES
Address 480 HOLLOWES COVE
City-State-Zip: ST. JOHNS FL 32259

Title SECRETARY
Name THOUIN, DONNA
Address 1020 MOOSEHEAD DR.
City-State-Zip: ORANGE PARK FL 32065

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: SUSAN DAVIS

REGISTERED AGENT

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date