

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32013

**FILED**  
**Jan 28, 2013**  
**Secretary of State**  
**CC4351333081**

**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:**

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  
Name BIDWELL, WARREN  
Address 230 LEATHERLEAF DR.  
City-State-Zip: JACKSONVILLE FL 32225

Title TC  
Name LONG, JAMES ACHURCH  
Address 12301 KERNAN FOREST BLVD #505  
City-State-Zip: JACKSONVILLE FL 32225

Title T  
Name SABOL, JOAN  
Address 5016 RIVER POINT RD  
City-State-Zip: JACKSONVILLE FL 32207

Title T  
Name PIXLEY, MARK  
Address 2232 SCHUMACHER AVE  
City-State-Zip: JACKSONVILLE FL 32207

Title T  
Name JULIE, SECHRIST  
Address 9640 WEXFORD ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title T  
Name WESTBROOK, MAXINE  
Address 2962 COBBLESTONE CIR. W  
City-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**

**CHAIRMAN OF TRUSTEES 01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date