

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90043 022 \*\*\*\*61.25

**DOCUMENT # 708277**

1. Entity Name

ST. PAUL UNITED METHODIST CHURCH OF  
JACKSONVILLEFL



Principal Place of Business

8264 LONE STAR ROAD  
JACKSONVILLE, FL 32211

Mailing Address

8264 LONE STAR ROAD  
JACKSONVILLE, FL 32211



05102006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1000142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TORRES, THOMAS  
3981 HIEDI RD. W.  
JACKSONVILLE, FL 32211

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	TORRES, THOMAS
STREET ADDRESS	3981 HIEDI RD W
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	DEMETREE, DONNA
STREET ADDRESS	1943 CESERY BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 322114634
TITLE	D
NAME	HELFRICH, RAY G
STREET ADDRESS	3371 SARA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	D
NAME	MOORE, JAMES R
STREET ADDRESS	1540 SAMONTEE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 322115199
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Torres

Date

Daytime Phone #

5/17/2006 904-396-2166