

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90159 049 \*\*\*\*61.25

**DOCUMENT # 734741**

1. Entity Name  
**ORTEGA UNITED METHODIST FOUNDATION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**4807 ROOSEVELT BLVD.**      **4807 ROOSEVELT BLVD.**  
**JACKSONVILLE FL 32210**      **JACKSONVILLE FL 32210**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-1638630**      Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOX, MARGARET**  
**5117 IMPERIAL COVE RD**  
**JACKSONVILLE FL 32210**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.

SIGNATURE *Margaret Fox*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing      **\$5.00** May Be  
 Trust Fund Contribution.      Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE      ☐ Delete  
 NAME **D WEST, GEORGE**  
 STREET ADDRESS **2748 ADMIRAL WAY**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE      ☐ Change      ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Delete  
 NAME **D NIPPER, BILL**  
 STREET ADDRESS **4904 PRINCE EDWARD RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE      ☐ Change      ☐ Addition  
 NAME **Chair, Finance**  
 STREET ADDRESS **RUNION, JOHN**  
 CITY-ST-ZIP **4693 IVANHOE ROAD**  
**JACKSONVILLE, FL 32210**

TITLE      ☐ Delete  
 NAME **D VAN LANDINGHAM, RAY**  
 STREET ADDRESS **4887 WATER OAK LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE      ☐ Change      ☐ Addition  
 NAME **Treasurer**  
 STREET ADDRESS **LOBLEY, JIM**  
 CITY-ST-ZIP **4722 IVANHOE RD.**  
**JACKSONVILLE, FL. 32210**

TITLE      ☐ Delete  
 NAME **D CATER, JIM**  
 STREET ADDRESS **3737 ORTEGA BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE      ☐ Change      ☐ Addition  
 NAME **Chair, Church Council**  
 STREET ADDRESS **MORGAN, J. P.**  
 CITY-ST-ZIP **4806 WAVERLY LANE**  
**JACKSONVILLE, FL 32210**

TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/2002**      **904 389-5556**  
 Date      Daytime Phone #

CR2E037 (9/01)