

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734741

FILED
Jan 09, 2006
Secretary of State

Entity Name: ORTEGA UNITED METHODIST FOUNDATION, INC.

Current Principal Place of Business:

4807 ROOSEVELT BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4807 ROOSEVELT BLVD.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-1638630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INGRAM, DON
3010 LAKESHORE BLVD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CC () Delete
Name: MORGAN, JP
Address: 4004 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: RUNION, JOHN
Address: 4693 IVANHOE ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: CF () Delete
Name: MACKEY, ANN
Address: 3650 HEDRICK
City-St-Zip: JACKSONVILLE, FL 32205

Title: T () Delete
Name: MORGAN, J.P.
Address: 4004 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: LL (X) Delete
Name: RUNION, JOHN
Address: 4693 IVANHOE ROAD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CC (X) Change () Addition
Name: LANIER, JIM
Address: 4659 LANCELOT LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: T (X) Change () Addition
Name: SAPP, DEBBIE
Address: 4740 ORTEGA FARMS CIRCLE
City-St-Zip: JACKSONVILLE, FL 32210

Title: CF (X) Change () Addition
Name: MCFARLAND, TOM
Address: 5151 PIRATES COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32205

Title: LL (X) Change () Addition
Name: MORGAN, J.P.
Address: 4004 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DON INGRAM

TC

01/09/2006

Electronic Signature of Signing Officer or Director

Date