


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90135 001 ***122.50

DOCUMENT # 734741 1. Entity Name ORTEGA UNITED METHODIST FOUNDATION, INC.					
Principal Place of Business 4807 ROOSEVELT BLVD. JACKSONVILLE, FL 32210			Mailing Address 4807 ROOSEVELT BLVD. JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1638630	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INGRAM, DON 3010 LAKESHORE BLVD JACKSONVILLE, FL 32210				Name Debbie Sapp Street Address (P.O. Box Number is Not Acceptable) 4740 Ortega Farms Cr. City Jacksonville FL Zip Code 32210	
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 <u>Debbie Sapp, Treasurer</u> <i>Debbie Sapp</i> 1/17/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC LANIER, JIM <input type="checkbox"/> Delete 4659 LANCELOT LANE JACKSONVILLE, FL 32210			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustees Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Don Alford 4805 Waverly Ln. Jax, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAPP, DEBBIE <input type="checkbox"/> Delete 4740 ORTEGA FARMS CIRCLE JACKSONVILLE, FL 32210			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lay Leader <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Runion 4693 Waverly Ln. Jax, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CF MCFARLAND, TOM <input checked="" type="checkbox"/> Delete 5151 PIRATES COVE ROAD JACKSONVILLE, FL 32205			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finance Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ken Baker 5120 Charlemagne Jax, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LL MORGAN, J.P. <input checked="" type="checkbox"/> Delete 4004 ORTEGA BLVD JACKSONVILLE, FL 32210			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Debbie Sapp</i> <u>Debbie Sapp</u> 1-17-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					