## 2003 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 734741**

FILED May 04, 2003 Secretary of State

Entity Name: ORTEGA UNITED METHODIST FOUNDATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	SELVELT BLVE VILLE, FL 3221				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	SELVELT BLVE VILLE, FL 3221				
FEI Number:	59-1638630	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
	GARET RIAL COVE RD VILLE, FL 3221				
	named entity su e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATUF					
	Electronic	c Signature of Registered Age	ent	Date	
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () [ WEST, GEORGE 2748 ADMIRAL V ORANGE PARK,	WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ()[ NIPPER, BILL	Delete	Title: Name:	( ) Change ( ) Addition	
Address:	4904 PRINCE EL JACKSONVILLE,		Address: City-St-Zip:		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	4904 PRINCE ED JACKSONVILLE,	FL 32210 Delete MM, RAY AK LANE		( ) Change ( ) Addition	
Address: City-St-Zip: Title: Name: Address:	4904 PRINCE EL JACKSONVILLE, D () I VAN LANDINGHA 4887 WATER OA JACKSONVILLE,	PL 32210  Delete  MM, RAY  AK LANE  FL 32210  Delete	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	4904 PRINCE EL JACKSONVILLE,  D () EVAN LANDINGHA 4887 WATER OA JACKSONVILLE,  D () EVANTE OA CATER, JIM 3737 ORTEGA B JACKSONVILLE,	Delete AM, RAY AK LANE FL 32210  Delete SLVD FL 32210  Delete ROAD	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	.,,	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN RUNION MR. 05/04/2003