

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741664 (7)

1. Corporation Name

ST. PAUL UNITED METHODIST FOUNDATION, INC.

Principal Place of Business

Mailing Address

8264 LONE STAR ROAD  
JACKSONVILLE FL 32211

8264 LONE STAR ROAD  
JACKSONVILLE FL 32211



3. Date Incorporated or Qualified

02/20/1978

3a. Date of Last Report

02/07/1995

4. FEI Number

59-1798482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANE, BARRY  
8264 LONE STAR RD  
JACKSONVILLE FL 32211

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME REID, BILL  
STREET ADDRESS 1828 MILL CREEK ROAD  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

1.1 TITLE D  
1.2 NAME MARTHA O'REILLY  
1.3 STREET ADDRESS 12753 MUIRFIELD BLVD  
1.4 CITY-ST-ZIP JACKSONVILLE

☐ Change

☒ Addition

TITLE DV  
NAME MERRILL, DAVE  
STREET ADDRESS 3770 ALLENBY DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

2.1 TITLE DV  
2.2 NAME MARVIN ALFORD JR.  
2.3 STREET ADDRESS 1005 PARKERIDGE CIR. E.  
2.4 CITY-ST-ZIP JACKSONVILLE FL

☐ Change

☒ Addition

TITLE DS  
NAME MIDDLETON, KATHLEEN  
STREET ADDRESS 934 OVERLOOK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

3.1 TITLE DS  
3.2 NAME DIANE SCOTT  
3.3 STREET ADDRESS 1807 RALEY RD  
3.4 CITY-ST-ZIP JACKSONVILLE FL

☐ Change

☒ Addition

TITLE DT  
NAME BAKER, DOROTHY  
STREET ADDRESS 3766 HERMITAGE ROAD, E  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

4.1 TITLE D  
4.2 NAME FRED SCHLIENT  
4.3 STREET ADDRESS 2818 CRESTWOOD AVE  
4.4 CITY-ST-ZIP JACKSONVILLE

☐ Change

☒ Addition

TITLE D  
NAME HAMILTON, SUSAN  
STREET ADDRESS 12154 HIDDEN HILLS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

5.1 TITLE D  
5.2 NAME TOM TORRES  
5.3 STREET ADDRESS 3981 HEIDOL RD W  
5.4 CITY-ST-ZIP JACKSONVILLE

☐ Change

☒ Addition

TITLE D  
NAME CURRENT, JAMES  
STREET ADDRESS 6932 LENCZYK DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

6.1 TITLE D  
6.2 NAME E. JACKMAN  
6.3 STREET ADDRESS 5673 CLIFTON  
6.4 CITY-ST-ZIP JACKSONVILLE

☐ Change

☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM REID

1-28-96 904-724475

CP2E037 (12/95)