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**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90018 034 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 741664**

1. Corporation Name

**ST. PAUL UNITED METHODIST FOUNDATION, INC.**

Principal Place of Business

8264 LONE STAR ROAD  
JACKSONVILLE FL 32211

Mailing Address

8264 LONE STAR ROAD  
JACKSONVILLE FL 32211



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**02/20/1978**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-1798482**

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PENDERGRASS, ANNETTE REV.**  
**8264 LONE STAR ROAD**  
**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 **D** ☒ DELETE  
NAME **O'REILLY, MARTHA**  
STREET ADDRESS **12753 MUIRFIELD BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **DS** ☐ Change ☒ Addition  
1.2 NAME **Frances Granlund**  
1.3 STREET ADDRESS **3670 Manor Oaks Drive**  
1.4 CITY-ST-ZIP **Jacksonville, Florida 32211-9707**

TITLE **DV** ☒ DELETE  
NAME **ALFORD, MARVIN J**  
STREET ADDRESS **1005 PAKRIDGE CIRCLE EAST**  
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **DVP** ☐ Change ☒ Addition  
2.2 NAME **Susan Hamilton**  
2.3 STREET ADDRESS **8224 Sabal Oak Lane**  
2.4 CITY-ST-ZIP **Jacksonville, Florida 32256**

TITLE **DS** ☒ DELETE  
NAME **SCOTT, DIANE**  
STREET ADDRESS **1807 RALEY ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **D** ☐ Change ☐ Addition  
3.2 NAME **Robert Black**  
3.3 STREET ADDRESS **4858 Mariners Point Drive**  
3.4 CITY-ST-ZIP **Jacksonville, Florida 32211-2558**

TITLE **DF** ☐ DELETE  
NAME **SCHLICHT, FRED**  
STREET ADDRESS **3818 CRESTWOOD AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE  
NAME **TORRES, TOM**  
STREET ADDRESS **3981 HEIDI ROW**  
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **BUFFKIN, TIMOTHY**  
STREET ADDRESS **4053 MISSION HILLS CIRCLE W.**  
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *ANNE PENDERGRASS* 3/8/99 904-724-0022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)