

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741664

1. Entity Name

ST. PAUL UNITED METHODIST FOUNDATION, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90013 037 ****61.25

Principal Place of Business	Mailing Address
8264 LONE STAR ROAD JACKSONVILLE FL 32211	8264 LONE STAR ROAD JACKSONVILLE FL 32211-5162

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1798482	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENDERGRALL, ANNETTE REV.
8264 LONE STAR ROAD
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name	Pendergrass, Annette Rev. (name spelling correction)
Street Address (P.O. Box Number is Not Acceptable)	8264 Lone Star Road
City	Jacksonville FL Zip Code 32211

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.

SIGNATURE Rev. Annette Pendergrass DATE 2/14/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANLUND, FRANCES	NAME	Parker, Wallace O.
STREET ADDRESS	3670 MANOR OAKS DR	STREET ADDRESS	3750 Gurley Rd
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32277-20+3
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, SUSAN	NAME	Reid, William D.
STREET ADDRESS	8224 SABAL OAK LN	STREET ADDRESS	1828 Mill Creek Rd
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32211-4456
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, ROBERT	NAME	
STREET ADDRESS	4858 MARINERS POINTE DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLICHT, FRED	NAME	
STREET ADDRESS	3818 CRESTWOOD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, TOM	NAME	
STREET ADDRESS	3981 HEIDI ROW	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFKIN, TIMOTHY	NAME	
STREET ADDRESS	4053 MISSION HILLS CIRCLE W.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	

12. 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 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 Rev. Annette Pendergrass DATE 2/14/00 904-724-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)