

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91313 031 ****61.25

DOCUMENT # 741664

1. Entity 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**

057670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1798482

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PENDERGRASS, ANNETTE REV
 8264 LONE STAR ROAD
 JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE	D <input type="checkbox"/> Delete
NAME	PARKER, WALLACE O
STREET ADDRESS	3750 GURLEY RD
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	DVP <input type="checkbox"/> Delete
NAME	REID, WILLIAM D
STREET ADDRESS	1828 MILL CREEK RD
CITY-ST-ZIP	JACKSONVILLE FL 32211-4456
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BLACK, ROBERT
STREET ADDRESS	4858 MARINERS POINTE DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	SCHLICHT, FRED
STREET ADDRESS	3818 CRESTWOOD AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	TORRES, TOM
STREET ADDRESS	3981 HEIDI ROW
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	BUFFKIN, TIMOTHY
STREET ADDRESS	4053 MISSION HILLS CIRCLE W.
CITY-ST-ZIP	JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	(D) MARLENE MECANDLESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	1042 BROOKMONT AVENUE, E
CITY-ST-ZIP	JACKSONVILLE FLORIDA 32211-6393
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	(D) BEN ALLEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	453 TAHITIAN TERRACE
CITY-ST-ZIP	JACKSONVILLE FLORIDA 32216-9145

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: *ANNETTE PENDERGRASS* (ANNETTE PENDERGRASS)

(904-724-0022)

CR2E037 (10/00)