

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**

657670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1798482

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **PARKER, WALLACE O**
 STREET ADDRESS **3750 GURLEY RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete
 NAME **REID, WILLIAM D**
 STREET ADDRESS **1828 MILL CREEK RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32211-4456**

TITLE **(D) MARLENE MECANDLESS** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **1042 BROOKMONT AVENUE, E**
 CITY-ST-ZIP **JACKSONVILLE FLORIDA 32211-6393**

TITLE **D** ☒ Delete
 NAME **BLACK, ROBERT**
 STREET ADDRESS **4858 MARINERS POINTE DR**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **(D) BEN ALLEN** ☐ Change ☒ 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)