

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90197 015 ****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

14004936



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01272005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1798482

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

Applied For
 Not Applicable

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 THOMAS TORRES
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas Torres (THOMAS TORRES) DATE 4-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, THOMAS A	
STREET ADDRESS	1029 GLEN ECHO RD	
CITY-ST-ZIP	JACKSONVILLE, FL 322116026	
TITLE	D	<input type="checkbox"/> Delete
NAME	REID, WILLIAM D	
STREET ADDRESS	1828 MILL CREEK RD	
CITY-ST-ZIP	JACKSONVILLE, FL 322114456	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENDERGRASS, ANNETTE S	
STREET ADDRESS	1021 WESTLAWN DR	
CITY-ST-ZIP	JACKSONVILLE, FL 322116041	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAVEY, RAY T	
STREET ADDRESS	12356 TIGER CREEK LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, TOM THOMAS	
STREET ADDRESS	3981 HEIDI ROW	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURCH, DOROTHY	
STREET ADDRESS	1727 RIVER BLUFF RD	
CITY-ST-ZIP	JACKSONVILLE, FL 322114541	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherri Jackson	
STREET ADDRESS	3006 Sunset Landing Drive	
CITY-ST-ZIP	Jacksonville, FL 32226	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas Torres THOMAS TORRES DATE 4-26-05 (904) 724-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #