2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # 741664 1. Entity Name ST. PAUL UNITED METHODIST FOUNDATION, INC.					04-11-2006 90101 031 ****61.25				1.25
Principal Place of Business 8264 LONE STAR ROAD JACKSONVILLE, FL 32211 Business 8264 LONE STAR ROAD JACKSONVILLE, FL 32211					1 (22) (22) 4 (2)		8020	8 (8)(8)6() 6(8	11/(Ta) R4 18781
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182006	Chg-NP	CR2E037	(11/05)	
City & State		City & State			4. FEI Number Applied For 59-1798482 Not Applied		oplied For		
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add	
6. Name and Address of Current Registered Agent					7. Name and Ad	ddress of New R	egistered Ag	ent	
TOPPE THOMAS			Naп	n e					
TORRE, THOMAS 8264 LONE STAR RD JACKSONVILLE, FL 32211			Stre	Street Address (P.O. Box Number is Not Acceptable)					
·	,								
7				City FL Zip Code					
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its i	registered offic	e or register	red agent, or both,	in the State of Flo	orida. I am fa	miliar with,	and accept
						(2-6	÷	/	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent s	ignature required	78RL6 when reinstating)	3 3	0 - O	<u> </u>	
SIGNATURE	Signature, hyped or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2006	and title if applicable. (NOTE 9. Election Carr Trust Fund C	paign Financir			м		payable to	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06

904) 396-21 (