

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-11-2006 90101 031 ****61.25

20028020



01182006 Chg-NP CR2E037 (11/05)

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

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

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

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

6. Name and Address of Current Registered Agent
TORRES, THOMAS
 8264 LONE STAR RD
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas Torres - THOMAS TORRES* 3-30-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 checked="" 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	JACKSON, SHERRI	
STREET ADDRESS	3006 SUNSET LANDING DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	D	<input checked="" 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, SON 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Isgette	
STREET ADDRESS	11659 Marsh Elder Drive	
CITY-ST-ZIP	Jacksonville, Florida 32206	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doris Venderlaan	
STREET ADDRESS	1453 N Market Street	
CITY-ST-ZIP	Jacksonville, Florida 32206	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Weimert	
STREET ADDRESS	4476 Woodsona Loop West	
CITY-ST-ZIP	Jacksonville, Florida 32225	
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 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: *Thomas Torres - THOMAS TORRES* 3-30-06 (904) 396-7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #