

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741664

FILED
Jun 23, 2009
Secretary of State

Entity Name: ST. PAUL UNITED METHODIST FOUNDATION, INC.

Current Principal Place of Business:

8264 LONE STAR ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

8264 LONE STAR ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-1798482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TORRES, THOMAS
8264 LONE STAR RD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALFORD, MARVIN
Address: 13808 ADMIRALS BEND DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: ISGETTE, HAROLD
Address: 11659 MARSH ELDER DR
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: VANDERLAAN, DORIS
Address: 1453 N. MARKET STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: TORRES, THOMAS
Address: 3981 HEIDI ROW
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: REID, WILLIAM
Address: 1828 MILL CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS TORRES

DIR

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date