

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741664

FILED
Jan 05, 2010
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 ()

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
Name: REAVES, SHERWOOD M
Address: 9265 WATERGLEN LANE
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: D
Name: SENESAC, ANDREW E
Address: 7533 HOLLYRIDGE RD E
City-St-Zip: JACKSONVILLE, FL 32256

Title: T
Name: TORRES, THOMAS
Address: 3981 HEIDI ROW
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: BARINA, FRED G JR
Address: 13303 MOUNT PLEASANT RD
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: THOMAS TORRES

TRES

01/05/2010

Electronic Signature of Signing Officer or Director

Date