

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-01-2003 90193 001 ****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**

55047475

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1798482**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENDERGRASS, ANNETTE REV
8264 LONE STAR ROAD
JACKSONVILLE FL 32211**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	☒ Delete
NAME	PARKER, WALLACE O	
STREET ADDRESS	3750 GURLEY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	DVP	☐ Delete
NAME	REID, WILLIAM D	
STREET ADDRESS	1828 MILL CREEK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32211-4456	
TITLE	D	☒ Delete
NAME	MCCANDLESS, MARLENE	
STREET ADDRESS	1042 BROOKMONT AVENUE E	
CITY-ST-ZIP	JACKSONVILLE FL 32211-6393	
TITLE	D	☒ Delete
NAME	SCHLICHT, FRED	
STREET ADDRESS	3818 CRESTWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete
NAME	TORRES, TOM	
STREET ADDRESS	3981 HEIDI ROW	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☒ Delete
NAME	ALLEN, BEN	
STREET ADDRESS	453 TAHITIAN TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32216-8145	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	PALMER, THOMAS-A.	
STREET ADDRESS	1029 GLEN ECHO RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32211-6026	
TITLE	D	☒ Change ☐ Addition
NAME	REID, WILLIAM D	
STREET ADDRESS	1828 MILL CREEK RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32211-4456	
TITLE	D	☐ Change ☒ Addition
NAME	Pendergrass, Annette S.	
STREET ADDRESS	1021 Westhawn Dr.	
CITY-ST-ZIP	Jacksonville, FL 32211-6041	
TITLE	D	☐ Change ☒ Addition
NAME	HAVEY, RAY T.	
STREET ADDRESS	12356 TIGER CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	BURCH, DOROTHY /	
STREET ADDRESS	1727 RIVER BLUFF RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32211-4541	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Annette S. Pendergrass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2003

(904) 724-0022

Date

Daytime Phone #

CR2E037 (10/02)