

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 23 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766921** (1)
1. Corporation Name
**RIVERSIDE PARK UNITED METHODIST CHURCH FOUNDATIO
N, INC.**

Principal Place of Business Mailing Address
819 PARK ST. JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/09/1983** 3a. Date of Last Report **02/07/1994**
4. FEI Number **59-0637904** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GUERRY, HELEN
819 PARK STREET
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P. DUDLEY, BONNIE 4135 VENETIA BLVD. JACKSONVILLE FL
VP BILL, SMITH 3005 SOUTHERN HILLS CIR. W JACKSONVILLE FL
S STONE, CONNIE 7063 MADRID AVE. JACKSONVILLE FL
T SCAIFE, COOKIE 1415 WINDSOR PLACE JACKSONVILLE FL
D PICKREN, CHARLES 10728 GOLDEN SPIKE LANE JACKSONVILLE FL 32223
D KERR, JIM 3949 MIRUELO CIRCLE N. JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P PICKREN, CHUCK Change Addition
1.2 NAME
1.3 STREET ADDRESS 10728 Golden Spike Ln.
1.4 CITY-ST-ZIP JACKSONVILLE FL
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE D COOK, EMORY Change Addition
5.2 NAME
5.3 STREET ADDRESS P.O. BOX 5886 n/a
5.4 CITY-ST-ZIP JACKSONVILLE, FL
6.1 TITLE D LANGE, BOB Change Addition
6.2 NAME
6.3 STREET ADDRESS 1520 Osceola St.
6.4 CITY-ST-ZIP JACKSONVILLE, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Connie Stone **CONNIE STONE** 3-8-95 737-2032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #