

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766921 (1)
1. Corporation Name

RIVERSIDE PARK UNITED METHODIST CHURCH FOUNDATIO
N, INC.



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

3. Date Incorporated or Qualified: 02/09/1983
3a. Date of Last Report: 03/23/1995

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 29 Zip Country

24 25 29 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: FRANCABANDIERO, DANIEL F.
82 Street Address (P.O. Box Number Is Not Acceptable): 819 PARK STREET
83
84 City: JACKSONVILLE FL 85 Zip Code: 32204

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligation under, Section 617.0503, Florida Statutes.

SIGNATURE: *Daniel F. Francabandiero* DATE: 3/20/96
(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHUCK, PICKREN	
STREET ADDRESS	10728 GOLDEN PIKE LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BILL, SMITH	
STREET ADDRESS	3005 SOUTHERN HILLS CIR. W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STONE, CONNIE	
STREET ADDRESS	7063 MADRID AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCAIFE, COOKIE	
STREET ADDRESS	1415 WINDSOR PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, EMORY	
STREET ADDRESS	P O BOX 5886 10430 E. Big Tree Cir	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANCE, BOB	
STREET ADDRESS	1520 OSCEOLA ST	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STONE, CARL E.	
1.3 STREET ADDRESS	7063 MADRID AVE.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TOWNSEND, KITTY	
3.3 STREET ADDRESS	1683 WOODMERE DR.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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 as an attachment with an address.

SIGNATURE: *Carl E. Stone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carl E. Stone

January 31, 1996 904-737-2032
Date Daytime Phone #

CR2E037 (12/95)