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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 819 PARK ST. JACKSONVILLE FL 32204
Mailing Address: 819 PARK ST. JACKSONVILLE FL 32204-3322

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/09/1983	3a. Date of Last Report 04/11/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-0637904	Applied for Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRANCABANDIERO, DANIEL F 819 PARK STREET JACKSONVILLE FL 32204	10. Name and Address of New Registered Agent 81 Name: MOSES, WARREN PRESTON 82 Street Address (P.O. Box Number is Not Acceptable): 819 PARK STREET 83 JACKSONVILLE, FL 32204 84 City: JACKSONVILLE, FL 85 Zip Code: 32204
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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 obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *W.P. Moses* W.P. MOSES, FINANCIAL SECRETARY
DATE: 10 MAR 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STONE, CARL E		1.2 NAME	
STREET ADDRESS: 7063 MADRID AVE		1.3 STREET ADDRESS	
CITY-STATE-ZIP: JACKSONVILLE FL 32217		1.4 CITY-STATE-ZIP	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BILL, SMITH		2.2 NAME	
STREET ADDRESS: 3005 SOUTHERN HILLS CIR. W		2.3 STREET ADDRESS	
CITY-STATE-ZIP: JACKSONVILLE FL		2.4 CITY-STATE-ZIP	
TITLE: S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TOWNSEND, KITTY		3.2 NAME	
STREET ADDRESS: 1683 WOODMERE DR		3.3 STREET ADDRESS	
CITY-STATE-ZIP: JACKSONVILLE FL 32210		3.4 CITY-STATE-ZIP	
TITLE: T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SCAIFE, COOKIE		4.2 NAME	
STREET ADDRESS: 1415 WINDSOR PLACE		4.3 STREET ADDRESS	
CITY-STATE-ZIP: JACKSONVILLE FL		4.4 CITY-STATE-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COOK, EMORY		5.2 NAME	
STREET ADDRESS: 10430 E BIGTREE CIR		5.3 STREET ADDRESS	
CITY-STATE-ZIP: JACKSONVILLE FL		5.4 CITY-STATE-ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LANCE, BOB		6.2 NAME	
STREET ADDRESS: 1520 OSCEOLA ST		6.3 STREET ADDRESS	
CITY-STATE-ZIP: JACKSONVILLE FL		6.4 CITY-STATE-ZIP	
TITLE: D		7.1 TITLE	
NAME: LEWIS, JACKIE		7.2 NAME	
STREET ADDRESS: 3516 PARK STREET		7.3 STREET ADDRESS	
CITY-STATE-ZIP: JACKSONVILLE FL 32205		7.4 CITY-STATE-ZIP	

14. I do 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 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: *Carl E. Stone* CARL E. STONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)