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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766921

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/09/1983

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

9. Name and Address of Current Registered Agent

MOSES, WARREN P
819 PARK ST
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 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 Warren P. Moses, Financial Secretary DATE 1-3 JAN 99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STONE, CARL E	
STREET ADDRESS	7063 MADRID AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, JAMES E	
STREET ADDRESS	1445 RYAR RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUMPH, QUINTON	
STREET ADDRESS	2970 ST JOHNS AVE, #10C	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" 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	10430 E BIGTREE CIR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, JACKIE	
STREET ADDRESS	3516 PARK ST	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	E. James Allen	
1.3 STREET ADDRESS	1445 Ryar Rd.	
1.4 CITY-ST-ZIP	JACKSONVILLE, Florida 32216	
2.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Daniel Stroble	
2.3 STREET ADDRESS	3568 Beauclerc Rd.	
2.4 CITY-ST-ZIP	JACKSONVILLE, Florida 32257	
3.1 TITLE	D./V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bonnie Dudley	
3.3 STREET ADDRESS	4135 Venetia Blvd	
3.4 CITY-ST-ZIP	JACKSONVILLE, Florida 32210	
4.1 TITLE	D./S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Charles Young	
4.3 STREET ADDRESS	10440 Osprey Nest Dr. W.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ruben Allen	
5.3 STREET ADDRESS	1903 Woodmere Dr.	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
6.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Harriet Thurgood	
6.3 STREET ADDRESS	2635 Anniston Road	
6.4 CITY-ST-ZIP	JACKSONVILLE, Florida 32246	

14. 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 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, with all other like empowered.

SIGNATURE: Earl James Allen REQUIRED

1-28-99

355-5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)