

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90036 047 ****61.25

DOCUMENT # 766921

1. Entity Name

RIVERSIDE PARK UNITED METHODIST CHURCH FOUNDATIO

Principal Place of Business

Mailing Address

819 PARK ST.
 JACKSONVILLE FL 32204

819 PARK ST.
 JACKSONVILLE FL 32204-3322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0637904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSES, WARREN P
819 PARK ST
JACKSONVILLE FL 32204

Name **Newman, Virginia**

Street Address (P.O. Box Number is Not Acceptable)
819 Park Street

City **Jacksonville** FL Zip Code **32204**

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.

SIGNATURE *Virginia Newman*

2-25-2000

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 Department of State

10. OFFICERS AND DIRECTORS:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **ALLEN, E. JAMES**
 STREET ADDRESS **1445 RYAR ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **Young, Charles** Change Addition
 NAME **Young, Charles**
 STREET ADDRESS **10440 Osprey Nest Dr. W.**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **D** Delete
 NAME **STROBLE, DANIEL**
 STREET ADDRESS **3568 BEAUCLERC ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** Change Addition
 NAME **Graessle, Lois**
 STREET ADDRESS **1933 Woodmere Dr.**
 CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **D** Delete
 NAME **RUMPH, QUINTON**
 STREET ADDRESS **2970 ST JOHNS AVE, #10C**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **DUDLEY, BONNIE**
 STREET ADDRESS **4135 VENETIA BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COOK, EMORY**
 STREET ADDRESS **10430 E BIGTREE CIR**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **THURGOOD, HARRIET**
 STREET ADDRESS **2635 ANNISTON ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2000 904-355-5491

Date

Daytime Phone #

CR2E037 (9/99)

Attach.
C0037504
#766921

DOCUMENT # 766921
RIVERSIDE PARK UNITED METHODIST CHURCH, INC.
FEI NUMBER 59-0637904

819 PARK STREET
JACKSONVILLE, FLORIDA

CONTINUATION OF BLOCK 11:

D
ALLEN, RUBEN
1903 WOODMERE DRIVE
JACKSONVILLE, FL 32210

D
LEWIS, JR., DAN
1540 ALEXANDRIA PLACE
JACKSONVILLE, FL 32207

D
PICKREN, JULIE
10728 GOLDEN SPIKE LANE
JACKSONVILLE, FL 32257

D
REHBERG, GORDON
9475 WOODHAVEN ROAD
JACKSONVILLE, FL 32257