

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0010763

DOCUMENT # 766921

1. Entity Name

RIVERSIDE PARK UNITED METHODIST CHURCH FOUNDATIO

03-12-2001 90501 029 ****61.25

Principal Place of Business

**819 PARK ST.
 JACKSONVILLE FL 32204**

Mailing Address

**819 PARK ST.
 JACKSONVILLE FL 32204**

1 2 3 3 1 2



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0637904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, VIRGINIA
 819 PARK ST
 JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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*

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

(NOTE: Registered Agent signature required when reinstating)

2-12-2001

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, CHARLES	
STREET ADDRESS	10440 OSPREY NEST DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STROBLE, DANIEL	
STREET ADDRESS	3568 BEAUCLERC ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAESSLE, LOIS	
STREET ADDRESS	1933 WOODMERE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DUDLEY, BONNIE	
STREET ADDRESS	4135 VENETIA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOK, EMORY	
STREET ADDRESS	10430 E BIGTREE CIR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THURGOOD, HARRIET	
STREET ADDRESS	2635 ANNISTON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen, Ruben	
STREET ADDRESS	1903 Woodmere Dr.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Jr. Dan	
STREET ADDRESS	1540 Alexandria Pl	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rehberg, Gordon	
STREET ADDRESS	9475 Woodhaven Rd	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rumph, Quinton	
STREET ADDRESS	2970 St. Johns Ave # 100	
CITY-ST-ZIP	Jacksonville FL 32205	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Middleton, Gordon Jr.	
STREET ADDRESS	4611 Monument Point Rd.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dickren, Julie	
STREET ADDRESS	10728 Golden Spike Ln.	
CITY-ST-ZIP	Jacksonville FL 32257	

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:

Dan Lewis, Jr.
Dan Lewis, Jr. 3-5-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)