

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90285 039 \*\*\*\*61.25

**DOCUMENT # 766921**

1. Entity Name

**RIVERSIDE PARK UNITED METHODIST CHURCH FOUNDATIO  
 N, INC.**

Principal Place of Business

Mailing Address

**819 PARK ST.  
 JACKSONVILLE FL 32204**

**819 PARK ST.  
 JACKSONVILLE FL 32204**

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

**59-2908297**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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*

**4-8-09**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALLEN, RUBEN</b>	
STREET ADDRESS	<b>1903 WOODMERE DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIS, DAN JR</b>	
STREET ADDRESS	<b>1540 ALEXANDRIA PL</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRAESSLE, LOIS</b>	
STREET ADDRESS	<b>1933 WOODMERE DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DUDLEY, BONNIE</b>	
STREET ADDRESS	<b>4135 VENETIA BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REHBERG, GORDON</b>	
STREET ADDRESS	<b>9475 WOODHAVEN RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THURGOOD, HARRIET</b>	
STREET ADDRESS	<b>2635 ANNISTON ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tim Bush</b>	
STREET ADDRESS	<b>4715 Queen Lane</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Connie Stone</b>	
STREET ADDRESS	<b>7063 Madrid Ave.</b>	
CITY-ST-ZIP	<b>Jacksonville FL 32217</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lewis, Dan Jr.</b>	
STREET ADDRESS	<b>1540 Alexandria PL</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Virginia Newman*

**4-8-09**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)