

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90035 024 \*\*\*\*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**

00069211



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2908297**

Applied For  
Not Applicable

Zip      Country      Zip      Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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  
Florida 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>BUSH, TIM</b>             |  |
| STREET ADDRESS | <b>4715 QUEEN LANE</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>D</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>STONE, CONNIE</b>         |  |
| STREET ADDRESS | <b>7063 MADRID AVE</b>       |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32217</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>SD</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LEWIS, DAN JR</b>         |  |
| STREET ADDRESS | <b>1540 ALEXANDER PL</b>     |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32207</b> |  |

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Gordon Middleton, Jr.</b>   |  |
| STREET ADDRESS | <b>4611 Monument Point Rd.</b> |  |
| CITY-ST-ZIP    | <b>Jacksonville, FL 32225</b>  |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Susan 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>Helen Guerry</b>            |  |
| STREET ADDRESS | <b>750 Oak St. #706</b>        |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE, FL 32204</b>  |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Brooks Stone</b>            |  |
| STREET ADDRESS | <b>4656 Long Bow Rd</b>        |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE, FL 32210</b>  |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Ruth Jacobs</b>             |  |
| STREET ADDRESS | <b>1018 Barrs St.</b>          |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE, FL 32210</b>  |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Alicia Dorrie-Frank</b>     |  |
| STREET ADDRESS | <b>304 E 7th St</b>            |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE, FL 32206</b>  |  |

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: Isom... **REQUIRED**

CR2E037 (10/02)