

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771207

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** SOUTHSIDE UNITED METHODIST CHURCH FOUNDATION, INC.

**Current Principal Place of Business:**

3120 HENDRICKS AVENUE  
JACKSONVILLE, FL 322071299

**New Principal Place of Business:**

3120 HENDRICKS AVENUE  
JACKSONVILLE, FL 322071299 US

**Current Mailing Address:**

3120 HENDRICKS AVENUE  
JACKSONVILLE, FL 322071299

**New Mailing Address:**

3120 HENDRICKS AVENUE  
JACKSONVILLE, FL 322071299 US

**FEI Number:** 59-2382652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, JOHN G JR.  
9133 AGINCOURT LANE  
10756 CROSSWICKS ROAD  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

LANGLEY, WILLIAM A MR  
4240 ORO PLACE  
JACKSONVILLE, FL 32207 US

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: WILLIAM A LANGLEY

04/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: WOODS, BENJAMIN MR  
Address: 2327 BROADMOOR LANE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D  
Name: PRICE, PATTI MRS  
Address: 859 WATERMAN RD. S.  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PD  
Name: WILSON, MICHAEL MR  
Address: 9334 CUMBERLAND ISLAND DR  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D  
Name: BOOTH, BRIDGET MRS  
Address: 2722 RIVERWOOD LANE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D  
Name: ALMOND, ERIC MR  
Address: 1309 MUNDY DR  
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL WILSON

PD

04/01/2010

Electronic Signature of Signing Officer or Director

Date