

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002671

FILED
May 02, 2007
Secretary of State

Entity Name: RIVERSIDE PARK UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

FIRST UNITED METHODIST CHURCH
819 PARK STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

819 PARK STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-0637904 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWMAN, VIRGINIA E
819 PARK ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

RHANES, VERNON
819 PARK ST
JACKSONVILLE, FL 32204 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: VERNON RHANES

05/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: FRANCOBANDIERO, DANIEL
Address: 4163 SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: O () Delete
Name: MATHEWS, MARK
Address: 3034 BEAUCLERC OAKS DRIVE S
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: SD () Delete
Name: PICKREN, CHARLES
Address: 12899 CANNINGTON COVE TERRACE
City-St-Zip: JACKSONVILLE, FL 32258

Title: O () Delete
Name: HODGES, BILL
Address: 1315 WINDSOR PLACE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: O () Delete
Name: GUERRY, HELEN
Address: 750 OAK ST #706
City-St-Zip: JACKSONVILLE, FL 32204

Title: O () Delete
Name: MIDDLETON, GORDON JR
Address: 4611 MONUMENT POINT RD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VERNON RHANES

O

05/02/2007

Electronic Signature of Signing Officer or Director

Date