

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741664

Entity Name: ST. PAUL UNITED METHODIST FOUNDATION, INC.**Current Principal Place of Business:**8264 LONE STAR ROAD
JACKSONVILLE, FL 32211**Current Mailing Address:**8264 LONE STAR ROAD
JACKSONVILLE, FL 32211**FEI Number:** 59-1798482**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TORRES, THOMAS
8264 LONE STAR RD
JACKSONVILLE, FL 32211 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	REAVES, SHERWOOD M
Address	9265 WATERGLEN LANE
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	ISGETTE, HAROLD
Address	11659 MARSH ELDER DR
City-State-Zip:	JACKSONVILLE FL 32206

Title	D
Name	SENEAC, ANDREW E
Address	7533 HOLLYRIDGE RD E
City-State-Zip:	JACKSONVILLE FL 32256

Title	T
Name	TORRES, THOMAS
Address	3981 HEIDI ROW
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	BARINA, FRED GJR
Address	13303 MOUNT PLEASANT RD
City-State-Zip:	JACKSONVILLE FL 32225

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: THOMAS TORRES

T

01/28/2013

Electronic Signature of Signing Officer/Director Detail_____
Date