

**2022 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:**REEVES, SHERWOOD  
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:** SHERWOOD REEVES

05/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name KAREN CHAIRES  
Address 6822 HOWALT DR.  
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE  
Name WITCHER, AL  
Address 3357 HERMITAGE RD EAST  
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE  
Name ISGETTE, HAROLD  
Address 3371 SARA DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE  
Name JOHNSON, KEITH  
Address 2528 WEDGEFIELD BLVD.  
City-State-Zip: JACKSONVILLE FL 32211

Title TRUSTEE  
Name HAMMOND, WALTER  
Address PO BOX 6  
City-State-Zip: JACKSONVILLE FL 32201

Title TRUSTEE  
Name ALLEN, LES  
Address 7032 BARKWOOD DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

Title PRESIDENT  
Name REAVES, WOODY  
Address 9265 WATERGLEN LANE  
City-State-Zip: JACKSONVILLE FL 32256

*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:** RUSSELL BRATCHER

CPA

05/31/2022

Electronic Signature of Signing Officer/Director Detail

Date