2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741664

Entity Name: ST. PAUL UNITED METHODIST FOUNDATION, INC.

FILED Apr 08, 2021 Secretary of State 0042724401CC

Date

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: THOMAS TORRES 04/08/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

TitleTREASURERTitleSECRETARYNameTORRES, THOMASNameKAREN CHAIRESAddress3981 HEIDI ROWAddress6822 HOWALT DR.

City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE Title TRUSTEE

Name WITCHER, AL Name ISGETTE, HAROLD
Address 3357 HERMITAGE RD EAST Address 3371 SARA DRIVE

City-State-Zip: JACKSONVILLE FL 32277 City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE Title TRUSTEE

Name JOHNSON, KEITH Name HAMMOND, WALTER

Address 2528 WEDGEFIELD BLVD. Address PO BOX 6

City-State-Zip: JACKSONVILLE FL 32211 City-State-Zip: JACKSONVILLE FL 32201

Title TRUSTEE Title PRESIDENT

Name ALLEN, LES Name REAVES, WOODY

Address 7032 BARKWOOD DRIVE Address 9265 WATERGLEN LANE
City-State-Zip: JACKSONVILLE FL 32277 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: KEITH E. JOHNSON TRUSTEE 04/08/2021