

2019 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:** THOMAS TORRES

04/02/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY
Name CREWS, CAROL
Address 6822 HOWALT DR.
City-State-Zip: JACKSONVILLE FL 32277

Title TRUSTEE
Name REID , BILL
Address 1828 MILL CREEK RD.
City-State-Zip: JACKSONVILLE FL 32211

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 5200 GOLF COURSE DRIVE
City-State-Zip: JACKSONVILLE FL 32277

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

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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

TREASURER

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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