### 2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0400005622

Entity Name: UNITED CHURCH FOUNDATION, INC.

**FILED** May 04, 2020 Secretary of State 7758255019CC

## **Current Principal Place of Business:**

475 RIVERSIDE DR., **SUITE 1020** 

NEW YORK, NY 10115

## **Current Mailing Address:**

475 RIVERSIDE DR., **SUITE 1020** NEW YORK, NY 10115

FEI Number: 23-7092477 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

FLORIDA CONFERENCE OF THE UNITED CHURCH OF 924 N. MAGNOLIA AVE., SUITE 250 ORLANDO, FL 32803 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 **PRES** Title **DIRECTOR** 

**BUCK. CHARLES** Name Name EVERETT, BARBARA MS

Address 475 RIVERSIDE DR., RM. 1020 Address P.O. BOX 532

**SUITE 1020** 

City-State-Zip: NEW YORK NY 10115 City-State-Zip:

Title ASST. TREASURER Title **DIRECTOR** 

Name SHERMAN-CHANG, KAREN JOSEPH, NESA Name

Address 475 RIVERSIDE DRIVE 2029 WOODLAND PARKWAY Address 1020

City-State-Zip: NEW YORK NY 10115

City-State-Zip: MARYLAND HEIGHTS MO 63146

Title **TREASURER** Title **SECRETARY** 

LOWES, PENNY L. Name

475 RIVERSIDE DRIVE Address Address

5991 WINKLER MILL ROAD 1020

City-State-Zip: NEW YORK NY 10115 ROCHESTER MI 48306 City-State-Zip:

Title **DIRECTOR** Title **CHAIRMAN** Name DWYER, KATHY Name ZICK, WADE

3318 SW LAKE FLORA ROAD Address 5010 LITTLE FALLS ROAD Address City-State-Zip: PORT ORCHARD WA 98367 City-State-Zip: ARLINGTON VA 22207

## Continues on page 2

Name

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: KAREN SHERMAN-CHANG

CONTROLLER

PLEASANT HILL TN 38578

PHILLIPS, THEODORE

05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

City-State-Zip:

DIRECTOR Title Title **DIRECTOR** KIRKLAND, GWENDOLYN Name Name GUFFEY, EDITH Address 4747 LINCOLN MALL DR., Address P.O. BOX 4334 602

City-State-Zip: LAWRENCE KS 66046 City-State-Zip: MATTESON IL 60443

Title **DIRECTOR DIRECTOR** Title

Name MORGAN, WILLIAM Name HOLEMAN, BRIAN F Address 7201 TREVOR LANE Address 475 RIVERSIDE DRIVE

City-State-Zip: PARMA OH 44129-6228 1020 NEW YORK NY 10115 City-State-Zip:

Title **DIRECTOR** HINDS, LISA Title DIRECTOR Name

SOWELL, DARLENE Y. Name Address 475 RIVERSIDE DRIVE

1020 Address 326 S. 21ST STREET

City-State-Zip: NEW YORK NY 10115 SUITE 301 ST. LOUIS MO 63103

Title **DIRECTOR** Title **DIRECTOR** Name CHEN, JIAKAI

Name LINDSEY, CONNIE L Address SHIDLER COLLEGE OF BUSINESS,

UNIVERSITY OF HAWAII AT MANOA Address 50 SOUTH LA SALLE STREET,

2404 MAILE WAY E602H City-State-Zip: HONOLULU HI 96822

City-State-Zip: CHICAGO IL 60603

Title **DIRECTOR** Title **DIRECTOR** 

SILVER, STEPHEN R Name Name THOMAS, BRYAN A Address 15 KIMBALL STREET 2505 BRENTWOOD ROAD NE Address

City-State-Zip: LEBANON NJ 03766 WASHINGTON DC 20018 City-State-Zip: