

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N32013

(7)

95 JUN 13 AM 10:15

1. Corporation Name

HENDRICKS MEMORIAL UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

4000 SPRING PARK ROAD
JACKSONVILLE FL 32207

4000 SPRING PARK ROAD
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1989

3a. Date of Last Report

03/08/1994

4. FEI Number

59-0696290

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWELL, MARGARET H REV
4000 SPRING PARK ROAD
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBBIE, GORDON P
STREET ADDRESS 7241 OLD KINGS RD. S. #44
CITY - ST - ZIP JACKSONVILLE FL 32217-3390

TITLE D
NAME VICKERS, EDWIN
STREET ADDRESS 2716 SAM ROAD
CITY - ST - ZIP JACKSONVILLE FL

TITLE TD
NAME CARGAL, MARY BETH
STREET ADDRESS 7704 NEWTON ROAD
CITY - ST - ZIP JACKSONVILLE FL

TITLE SD
NAME MILLER, EVELYN
STREET ADDRESS 3806 ORLANDO CIR. W.
CITY - ST - ZIP JACKSONVILLE FL 32207

TITLE D
NAME CREWS, FAYE
STREET ADDRESS 5628 MILMAR DRIVE SOUTH
CITY - ST - ZIP JACKSONVILLE FL

TITLE VD
NAME WESTBROOK, MAXINE
STREET ADDRESS 2062 WEST COBBLESTONE CIRCLE
CITY - ST - ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

TD
MORGAN, ROBERT EUGENE (GENE)
4603 RUCKNER ROAD
JACKSONVILLE, FL

VD
MILLER, EDWIN H. Sr.
3106 VICTORIA PARK ROAD
JACKSONVILLE, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gordon P. Robbie
GORDON P. ROBBIE

June 7 1995 (904) 630-1073