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95 APR 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 733164 (8)

1. Corporation Name
THE METHODIST HOSPITAL FOUNDATION, INC.

Principal Place of Business Mailing Address

% MARCUS E. DREWA
580 WEST 8TH ST.
JACKSONVILLE FL 32208-6553

% MARCUS E. DREWA
580 WEST 8TH ST.
JACKSONVILLE FL 32209-6553

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/25/1975** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-1637581** Applied For Not Applicable

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 **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

DREWA, MARCUS E.
580 W. 8TH ST.
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DREWA, MARCUS E
STREET ADDRESS	580 W. 8TH ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	JD
NAME	BIRCHFIELD, W-O
STREET ADDRESS	3000 INDEPENDENT SQUARE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	HOUSER, FRANK C.
STREET ADDRESS	524 STOCKTON ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VCD
NAME	BURROUGHS, RICHARD B., JR
STREET ADDRESS	2626 APACHE AVE.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VCD
NAME	PURCFULL, ROBERT O.
STREET ADDRESS	12940 RIVER PL. CT.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	MD
NAME	GARPENTER, ALVIN R
STREET ADDRESS	600 WATER ST
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/AS/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIXON, R. EARL	
6.3 STREET ADDRESS	580 West 8th St.	
6.4 CITY - ST - ZIP	Jacksonville, FL 32209	

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 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Marcus E. Drewa** **4.20.95** **904/798-8200**
Signature and typed or printed name of signing officer or director Date Daytime (Area #)