

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733164 (8)**  
1. Corporation Name  
**THE METHODIST HOSPITAL FOUNDATION, INC.**



Principal Place of Business <b>% MARCUS E. DREWA 580 WEST 8TH ST. JACKSONVILLE FL 32209-6553</b>	Mailing Address <b>% MARCUS E. DREWA 580 WEST 8TH ST. JACKSONVILLE FL 32209-6553</b>
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3. Date Incorporated or Qualified  
**06/25/1975**

4. FEI Number <b>59-1637581</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREWA, MARCUS E</b>	1.2 NAME	
STREET ADDRESS	<b>580 W. 8TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOUSER, FRANK C.</b>	2.2 NAME	
STREET ADDRESS	<b>524 STOCKTON ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURROUGHS, RICHARD B.,JR</b>	3.2 NAME	
STREET ADDRESS	<b>2626 APACHE AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAY, W.W.</b>	4.2 NAME	
STREET ADDRESS	<b>580 WEST EIGHTH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIXON, R. E</b>	5.2 NAME	
STREET ADDRESS	<b>580 WEST 8TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marcus E. Drewa 4/20/98 904-798-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005091

CR2E037 (10/97)