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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90061 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733164

1. Corporation Name

THE METHODIST HOSPITAL FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date incorporated or Qualified

06/25/1975

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

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
~~XXXXXXXXXXXXXXXXXXXX~~
82 Street Address (P.O. Box Number is Not Acceptable)
83
580 W. 8TH ST.
84 City
JACKSONVILLE FL 85 Zip Code
32209

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

~~XXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXX~~

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	DREWA, MARCUS E	
STREET ADDRESS	580 W. 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOUSER, FRANK C.	
STREET ADDRESS	524 STOCKTON ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	BURROUGHS, RICHARD B.,JR	
STREET ADDRESS	2626 APACHE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GAY, W.W.	
STREET ADDRESS	580 WEST EIGHTH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	DIXON, R. E	
STREET ADDRESS	580 WEST 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director: Marcus E. Drewa 4/26/99 904-798-8200
Date Daytime Phone #

CR2E037 (1/98)