

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90027 048 ****61.25

DOCUMENT # 733164

1. Entity Name

THE METHODIST HOSPITAL FOUNDATION, INC.

Principal Place of Business

580 WEST 8TH ST.
 JACKSONVILLE FL 32209

Mailing Address

655 WEST 8TH STREET
 JACKSONVILLE FL 32209

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Attention: Charles Caniff
655 West 8th Street
Jacksonville, FL
32209

4. FEI Number

59-1637581

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SMITH HULSEY & BUSEY~~
~~225 WATER STREET~~
~~SUITE 1800~~
~~JACKSONVILLE FL 32202~~

7. Name and Address of New Registered Agent

Name *Charles E. Caniff, Esq.*
 Street Address (P.O. Box Number is Not Acceptable) *655 West 8th Street*
 City *Jacksonville* FL *32209*

8. 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

Charles E. Caniff

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jodi Mansfield	
STREET ADDRESS	655 West 8th Street	
CITY-ST-ZIP	Jacksonville, FL. 32209	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert G. Norton	
STREET ADDRESS	655 West 8th Street	
CITY-ST-ZIP	Jacksonville, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold S. O'Steen	
STREET ADDRESS	759 Edgewood Avenue North	
CITY-ST-ZIP	Jacksonville, FL. 32205	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred B. Bullard	
STREET ADDRESS	2325 Ulmerton Road, Suite 20	
CITY-ST-ZIP	Clearwater, FL. 34622	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marshall Criser, Esq	
STREET ADDRESS	50 N. Laura Street	
CITY-ST-ZIP	Jacksonville, FL. 32204	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard D. Danford, Jr. Ph.D.	
STREET ADDRESS	903 West Union Street	
CITY-ST-ZIP	Jacksonville, FL. 32204	

12. 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 report or supplemental 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles E. Caniff
 Charles E. Caniff

4/27/01

DATE

904-244-5984

Daytime Phone #

CR2E037 (10/00)

attachment
#733164
B0048903

ATTACHMENT FOR 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT NUMBER: 733164

ENTITY: THE METHODIST HOSPITAL FOUNDATION, INC.

11. Additions/Changes to Officers and Directors in 10

T Addition
Greg Gay, CPA
655 West 8th Street
Jacksonville, Florida 32209

S Addition
Charles E. Caniff
655 West 8th Street
Jacksonville, Florida 32209

D Addition
Kenneth I. Berns, M.D., Ph.D.
1600 SW Archer Road Room H-102
Gainesville, Florida 32610

D Addition
Allen L. Lastinger, Jr.
1145 Campbell Avenue
Jacksonville, Florida 32207

D Addition
J. Sample Magee, M.D.
580 West 8th Street Suite 8005
Jacksonville, Florida 32209

D Addition
Pamela Y. Paul
117 West Duval Street Suite 400
Jacksonville, Florida 32202

D Addition
Carolyn King Roberts
115 NE 8th Avenue
Ocala, Florida 34470

D Addition
Louis S. Russo, M.D.
653 West 8th Street
Jacksonville, Florida 32209

D Addition
Chief L. Jerome Spates
4727 Lannie Road
Jacksonville, Florida 32219