

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90180 002 ****61.25

0006873

DOCUMENT # 733164

1. Entity Name

THE METHODIST HOSPITAL FOUNDATION, INC.



Principal Place of Business

**655 WEST 8TH STREET
JACKSONVILLE FL 32209**

Mailing Address

**655 WEST 8TH STREET
ATTENTION: CHARLES CANIFF
JACKSONVILLE FL 32209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1637581**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANIFF, CHARLES E ESQ
655 WEST 8TH STREET
JACKSONVILLE FL 32209**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	GOLDFARB, TIMOTHY	
STREET ADDRESS	655 WEST 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STORY, OTIS L SR.	
STREET ADDRESS	655 WEST 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'STEEN, HAROLD S	
STREET ADDRESS	759 EDGEWOOD AVENUE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BULLARD, FRED B	
STREET ADDRESS	2325 ULMERTON ROAD, SUITE 20	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRISER, MARSHALL ESQ	
STREET ADDRESS	50 N. LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANFORD, RICHARD D JR,PHD	
STREET ADDRESS	903 WEST UNION STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Goldfarb	
STREET ADDRESS	655 West 8th St.	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles E. Caniff	
STREET ADDRESS	655 West 8th Street	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William J. Ryan	
STREET ADDRESS	655 West 8th Street	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 receiver 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** 04/29/03 904-244-8684

CR2E037 (10/02)

Attachment

733164
POSTED

**ATTACHMENT FOR 2003 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT NUMBER: 733164
ENTITY: METHODIST HOSPITAL FOUNDATION, INC.**

10. Officers and Directors - Continued

S

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

T

William J. Ryan
655 West 8th Street
Jacksonville, Florida 32209

D

Douglas Barrett, M.D. Delete
1600 S.W. Archer Rd.
Gainesville, Florida 32610

D

C. Craig Tisher, M.D. Delete
1600 S.W. Archer Road
Gainesville, Florida 32610

D

Jerry W. Davis Delete
855-601 St. Johns Bluff Road
Jacksonville, Florida 32225

D

Allen L. Lastinger, Jr. Delete
1145 Campbell Ave.
Jacksonville, Florida 32207

D

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

D

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

Attachment

733/64
7005/6399

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

Delete

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

Delete

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

Delete