

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 740753 (9)

1. Corporation Name

THE METHODIST HEALTH CARE FOUNDATION, INC. OF BAKER COUNTY

Principal Place of Business

Mailing Address

**C/O MARCUS DREWA
580 W 8TH ST.
JACKSONVILLE FL 32209**

**C/O MARCUS DREWA
580 W 8TH ST.
JACKSONVILLE FL 32209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1977	3a. Date of Last Report 04/18/1994
4. FEI Number 59-1778684	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. 119.032, 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. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCUS E. DREWA
580 WEST 8TH STREET
JACKSONVILLE FL 32209**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ASD
NAME	DREWA, MARCUS E
STREET ADDRESS	580 W 8TH ST
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	D
NAME	KNABB, EARL
STREET ADDRESS	S 5TH ST
CITY - ST - ZIP	MACLENNY, FL 00000
TITLE	DS
NAME	JORDAN, ROBERT E
STREET ADDRESS	580 W 8TH ST
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	DT
NAME	DONOVAN, THOMAS W.
STREET ADDRESS	2700C UNIVERSITY BLVD W
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	CD
NAME	FRASER, GARY K
STREET ADDRESS	S COLLEGE ST
CITY - ST - ZIP	MACLENNY, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcus E. Drewa

4/20/95

904/798-8200

(Daytime Phone #)