

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: C/O MARCUS DREWA, 580 W 8TH ST, JACKSONVILLE FL 32209
Mailing Address: C/O MARCUS DREWA, 580 W 8TH ST, JACKSONVILLE FL 32209

3. Date Incorporated or Qualified: 11/14/1977
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MARCUS E. DREWA, 580 WEST 8TH STREET, JACKSONVILLE FL 32209
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL 85 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: ASTD NAME: DREWA, MARCUS E STREET ADDRESS: 580 W 8TH ST CITY-ST-ZIP: JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP: 32209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KNABB, EARL STREET ADDRESS: S 5TH ST CITY-ST-ZIP: MACCLENNY, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP: 32063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: JORDAN, ROBERT E STREET ADDRESS: 580 W 8TH ST CITY-ST-ZIP: JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP: 32209	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: DONOVAN, THOMAS W. STREET ADDRESS: 2700C UNIVERSITY BLVD W CITY-ST-ZIP: JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP: 32241-4960	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CD NAME: FRASER, GARY K STREET ADDRESS: S COLLEGE ST CITY-ST-ZIP: MACCLENNY, FL 00000	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP: 32063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: _____ 4/19/96 904/798-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)