

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

Mailing Address

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

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	DREWA, MARCUS E	
STREET ADDRESS	580 W 8TH ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNABB, EARL	
STREET ADDRESS	S 5TH ST	
CITY-ST-ZIP	MACCLENNY, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JORDAN, ROBERT E	
STREET ADDRESS	580 W 8TH ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DONOVAN, THOMAS W.	
STREET ADDRESS	2700C UNIVERSITY BLVD W	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRASER, GARY K	
STREET ADDRESS	S COLLEGE ST	
CITY-ST-ZIP	MACCLENNY, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32209
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32063
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32209
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32241-4960
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32063
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

904/798-8200

Date

Daytime Phone #

CR2E037 (12/95)