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FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32209-6533**



3. Date Incorporated or Qualified  
**11/14/1977**

3a. Date of Last Report  
**04/23/1996**

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

TITLE **ASST** ☐ DELETE  
NAME **DREWA, MARCUS E**  
STREET ADDRESS **580 W 8TH ST**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **D** ☐ DELETE  
NAME **KNABB, EARL**  
STREET ADDRESS **S 5TH ST**  
CITY-ST-ZIP **MACCLENNY, FL 00000**

TITLE **DS** ☐ DELETE  
NAME **JORDAN, ROBERT E**  
STREET ADDRESS **580 W 8TH ST**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **DT** ☐ DELETE  
NAME **DONOVAN, THOMAS W.**  
STREET ADDRESS **2700C UNIVERSITY BLVD W**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **CD** ☐ DELETE  
NAME **FRASER, GARY K**  
STREET ADDRESS **S COLLEGE ST**  
CITY-ST-ZIP **MACCLENNY, FL 00000**

TITLE ☐ DELETE  
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)