

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740754 (7)

1. Corporation Name
THE METHODIST HEALTH CARE FOUNDATION, INC. OF CLAY COUNTY

Principal Place of Business Mailing Address
**OF CLAY COUNTY (THE)
580 WEST 8TH ST.
JACKSONVILLE FL 32209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/14/1977** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-1778682** Applied For Not Applicable

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. 25. 29. 30.

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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MARCUS E. DREWA
580 WEST 8TH STREET
JACKSONVILLE FL 32202**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	JORDAN, ROBERT E
STREET ADDRESS	580 W 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	PO
NAME	DREWA, MARCUS E
STREET ADDRESS	580 W 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	CD
NAME	HALL, J P JR
STREET ADDRESS	425 N. ORANGE AVE.
CITY-ST-ZIP	GREEN COVE SPRINGS FL
TITLE	D
NAME	PAGE, JOHN H JR
STREET ADDRESS	MOCASSIN SLOUGH
CITY-ST-ZIP	ORANGE PARK, FL 00000
TITLE	D
NAME	WALKER, R D
STREET ADDRESS	P. O. BOX 455 N/A
CITY-ST-ZIP	ORANGE PARK FL
TITLE	TD
NAME	DONOVAN, THOMAS W.
STREET ADDRESS	2700-C UNIVERSITY BLVD., W.
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/AS/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 110.07(3)(4), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marcus E. Drewa

4-20-95 904/798-8200
Date Notary Public