

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 # 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

OF CLAY COUNTY (THE)
580 WEST 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

4. FEI Number
59-1778682

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

30

Country

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 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code
32209

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32209**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **32209**

TITLE **CD** ☐ DELETE
NAME **HALL, J P JR**
STREET ADDRESS **425 N. ORANGE AVE.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **32043**

TITLE **D** ☐ DELETE
NAME **PACE, JOHN H JR**
STREET ADDRESS **MOCASSIN SLOUGH**
CITY-ST-ZIP **ORANGE PARK, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **32073**

TITLE **D** ☐ DELETE
NAME **WALKER, R D**
STREET ADDRESS **P. O. BOX 455 N/A**
CITY-ST-ZIP **ORANGE PARK FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **32073**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **32241-4960**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

904/798-8200

Daytime Phone #

CR2E037 (12/95)