


FILE NOW: FILING FEE IS \$61.25

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 # 740754 (7) 1. Corporation Name THE METHODIST HEALTH CARE FOUNDATION, INC. OF CLAY COUNTY					
Principal Place of Business OF CLAY COUNTY (THE) 580 WEST 8TH ST. JACKSONVILLE FL 32209		Mailing Address OF CLAY COUNTY (THE) 580 WEST 8TH ST. JACKSONVILLE FL 32209-6533			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/14/1977 3a. Date of Last Report 04/23/1996 4. FEI Number 59-1778682 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORDAN, ROBERT E		1.2 NAME		
STREET ADDRESS	580 W 8TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PAST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DREWA, MARCUS E		2.2 NAME		
STREET ADDRESS	580 W 8TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, J P JR		3.2 NAME		
STREET ADDRESS	425 N. ORANGE AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACE, JOHN H JR		4.2 NAME		
STREET ADDRESS	MOCASSIN SLOUGH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, R D		5.2 NAME		
STREET ADDRESS	P. O. BOX 455 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		5.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONOVAN, THOMAS W.		6.2 NAME		
STREET ADDRESS	2700-C UNIVERSITY BLVD., W.		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		



CR2E037 (9/96)

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.