

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
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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
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3. Date Incorporated or Qualified 11/14/1977	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1778682	Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> DELETE
NAME	JORDAN, ROBERT E
STREET ADDRESS	580 W 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	PAST <input type="checkbox"/> DELETE
NAME	DREWA, MARCUS E
STREET ADDRESS	580 W 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	CD <input type="checkbox"/> DELETE
NAME	HALL, J P JR
STREET ADDRESS	425 N. ORANGE AVE.
CITY-ST-ZIP	GREEN COVE SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PACE, JOHN H JR
STREET ADDRESS	MOCASSIN SLOUGH
CITY-ST-ZIP	ORANGE PARK, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	WALKER, R D
STREET ADDRESS	P. O. BOX 455 N/A
CITY-ST-ZIP	ORANGE PARK FL
TITLE	TD <input type="checkbox"/> DELETE
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	<input 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 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)