SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 JUN 21 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757529** **(3)**

1. Corporation Name

WESLEY VILLAGE, INC.

Principal Place of Business	Mailing Address
25 STATE RD. 13 JACKSONVILLE FL 32259-2842	25 STATE RD. 13 JACKSONVILLE FL 32259-2842

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1981**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-2118920** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
ZIP / County 24 / 25	ZIP / County 29 / 30

9. Name and Address of Current Registered Agent

SNOWDEN, R GRADY JR
25 STATE ROAD 13
JACKSONVILLE FL 32259

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 Section 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: [illegible] (If changing Registered Agent, Registered Agent must sign above) DATE

12 OFFICERS AND DIRECTORS		13. Additions, Changes, or Deletions	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PEDRONI, CHRIS MR.	12 NAME	See attached
STREET ADDRESS	132 28TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	WILES, HERBIE MR.	22 NAME	
STREET ADDRESS	PO DRAWER 3067	23 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	HYERS, CURTIS	32 NAME	
STREET ADDRESS	1800 ATLANTIC BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	AST	41 TITLE	☐ Change ☐ Addition
NAME	BLACKWOOD, BEN	42 NAME	
STREET ADDRESS	12650 MUIRFIELD BLVD NORTH	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	LEVER, CHARLES	52 NAME	
STREET ADDRESS	819 PARK STR	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	M	61 TITLE	☐ Change ☐ Addition
NAME	BECKHAM, EMILY A.	62 NAME	
STREET ADDRESS	4638 CORRIENTES CIRCLE NORTH	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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.

SIGNATURE: J. Curtis Hyers
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
J. Curtis Hyers, Sec.

6-16-95
Date

904-287-7500
Daytime Phone #

0002303

JACKSONVILLE METHODIST HOME, INC.
DIRECTORS AND OFFICERS
1994-1995

PRESIDENT
Mr. Chris E. Pedroni (Jeri)
132 28th Avenue
Jacksonville Beach, Fl 32250
Phone: 1-904-249-9874

SECOND VICE PRESIDENT
Rev. Charles C. Lever (Xiomi)
819 Park Street
Jacksonville, FL 32204
Phone: 355-5491
Home: 389-0130
Home Fax: 398-7922

ASST. SECRETARY/TREASURER
Mr. Ben Blackwood (Lois)
12650 Muirfield Blvd. No.
Jacksonville, FL 32225
Phone: 641-2192

FIRST VICE PRESIDENT
Mr. Herbie L. Wiles (Annette)
Herbie Wiles Insurance
P.O. Drawer 3067
St. Augustine, FL 32084
Phone: 829-2201, 353-4227
Home: 904-824-5608
Fax: 829-2020

SECRETARY/TREASURER
Mr. J. Curtis Hyers (Ruth)
1800 Atlantic Blvd.
Jacksonville,FL 32207
Phone: 396-2166
Home: 399-0163
Fax: 396-7634

Mr. O.L. (Roy) Allen (Mada)
2858 Madrid Avenue
Jacksonville, FL 32217
Phone: 733-3171

Mrs. Emily A. Beckham (Robert)
4638 Corrientes Circle No.
Jacksonville, Fl. 32217
Phone: 737-1100

Dr. Robert G. Bruce, Jr. (Debbie)
4807 Roosevelt Blvd.
Jacksonville, FL 32210
Ortega Ch. 389-5556

Mr. Irby Exley (Virginia)
4549 Ortega Forest Drive
Jacksonville, FL 32210
Phone: 388-5279

Mr. David Hastings (Kitty)
4605 Argonne Lane
Jacksonville, Fl. 32210
Phone: 384-3154
Ortega Ch. 389-5556

Dr. Dale Hensel (Mary Lou)
4241 Wicks Branch Rd.
St. Augustine, FL 32086
Phone: (904)692-1792 off

Mr. Lee Wedekind, Sr. (Marilyn)
Wesjax Development Co.
569 Edgewood Ave.
Jacksonville, FL 22205
Phone: 388-3565

Mr. A. Crane Jones, Jr. (Jane)
2861 Spanish Cove Trail
Jacksonville, FL 32257
Phone: 268-1229

Mr. Larry Jordan (Jeannie)
445-26 St.Rd.13/Suite 347
Jacksonville, Fl. 32259
Home: 2141 For. Hol.Way 32259
Phone: 287-2875 (655-9836-car)

Mrs. Delores Kessler (Mort)
Accu Staff, Inc.
6440 Atlantic Blvd.
Jacksonville, FL 32211
Phone: 725-5574 off
737-3172 home

Mr. G. Lester Loggins, Jr.
P.O. Box 16768 (Mary Ruth)
Jacksonville, Fl. 32245
Home: 642-1174
Off: 724-1442
Fax: 724-5207

Mrs. Mary Alice Massey (Robert)
6750 Epping Forest Way N.
Jacksonville, FL 32217
Phone: 448-2426

Mr. Mark Mullins (Judy)
8933 Western Way Suite 20
Jacksonville, FL 32256
Phone: 363-0196
Fax:
Home: 363-1372