

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000354 (7)**  
1. Corporation Name  
**METHODIST HOME FOR THE AGING CORPORATION**



Principal Place of Business <b>1520 COOPER HILL RD BIRMINGHAM AL 35210</b>	Mailing Address <b>1520 COOPER HILL RD BIRMINGHAM AL 35210</b>
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3. Date Incorporated or Qualified <b>01/21/1997</b>	
4. FEI Number <b>63-0376518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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	<b>DCP</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, FRED M III</b>	
STREET ADDRESS	<b>3007 DUNDEE CIR</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35213</b>	
TITLE	<b>DCV</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTON, RAYMOND L</b>	
STREET ADDRESS	<b>10 N CT SQ</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36104</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ODOM, MARGARET</b>	
STREET ADDRESS	<b>13 ELMIRA DR</b>	
CITY-ST-ZIP	<b>TUSCALOOSA AL 35405</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMFORD, JAMES W</b>	
STREET ADDRESS	<b>#1 COMMERCE ST #601</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36104</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<b>D/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Roton, Raymond L. (N/A)</b>	
2.3 STREET ADDRESS	<b>P. O. Box 241652</b>	
2.4 CITY-ST-ZIP	<b>Montgomery, AL 36124-1652</b>	
3.1 TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Odom, Margaret</b>	
3.3 STREET ADDRESS	<b>13 Elmira Drive</b>	
3.4 CITY-ST-ZIP	<b>Tuscaloosa, AL 35405</b>	
4.1 TITLE	<b>D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Samford, James W.</b>	
4.3 STREET ADDRESS	<b>#1 Commerce St #601</b>	
4.4 CITY-ST-ZIP	<b>Montgomery, AL 36104</b>	
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 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.

SIGNATURE: *Fred M Jackson III* 3/2/98 205-951-2442

CR2E037 (10/97)