

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90270 018 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000000354**

1. Corporation Name  
**METHODIST HOME FOR THE AGING CORPORATION**

Principal Place of Business 1520 COOPER HILL RD BIRMINGHAM AL 35210	Mailing Address 1520 COOPER HILL RD BIRMINGHAM AL 35210
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/21/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 63-0376518
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 85 Zip Code <b>FL</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, FRED M III	1.2 NAME	A. Wray Tomlin
STREET ADDRESS	3007 DUNDEE CIR	1.3 STREET ADDRESS	1520 Cooper Hill Road
CITY-ST-ZIP	BIRMINGHAM AL 35213	1.4 CITY-ST-ZIP	Birmingham, AL 35210
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTON, RAYMOND L	2.2 NAME	Regina T. Lawler
STREET ADDRESS	PO BOX 241652 N/A	2.3 STREET ADDRESS	1520 Cooper Hill Road
CITY-ST-ZIP	MONTGOMERY AL 36124-1652	2.4 CITY-ST-ZIP	Birmingham, AL 35210
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODOM, MARGARET	3.2 NAME	Christopher W. Tomlin
STREET ADDRESS	13 ELMIRA DR	3.3 STREET ADDRESS	1520 Cooper Hill Road
CITY-ST-ZIP	TUSCALOOSA AL 35405	3.4 CITY-ST-ZIP	Birmingham, AL 35210
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMFORD, JAMES W	4.2 NAME	
STREET ADDRESS	#1 COMMERCE ST #601	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36104	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/26/99 205-951-2442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)