

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000354

1. Entity Name

METHODIST HOME FOR THE AGING CORPORATION

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90010 020 ****70.00

Principal Place of Business

Mailing Address

1520 COOPER HILL RD
 BIRMINGHAM AL 35210

1520 COOPER HILL RD
 BIRMINGHAM AL 35210-2303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0376518

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP**
 STREET ADDRESS **TOMLIN, A. WRAY**
 CITY-ST-ZIP **1520 COOPER HILL RD**
BIRMINGHAM AL 35210

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVT**
 STREET ADDRESS **LAWLER, REGINA T**
 CITY-ST-ZIP **1520 COOPER HILL RD**
BIRMINGHAM AL 35210

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVS**
 STREET ADDRESS **TOMLIN, CHRISTOPHER W**
 CITY-ST-ZIP **1520 COOPER HILL RD**
BIRMINGHAM AL 35210

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

205-951-2442

Date

Daytime Phone #

CF 0171611



DO NOT WRITE IN THIS SPACE