

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000354

FILED
Apr 30, 2011
Secretary of State

Entity Name: METHODIST HOME FOR THE AGING CORPORATION

Current Principal Place of Business:

1520 COOPER HILL RD
BIRMINGHAM, AL 35210

New Principal Place of Business:

Current Mailing Address:

1520 COOPER HILL RD
BIRMINGHAM, AL 35210

New Mailing Address:

FEI Number: 63-0376518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: OP
Name: TOMLIN, CHRISTOPHER W
Address: 1520 COOPER HILL RD
City-St-Zip: BIRMINGHAM, AL 35210

Title: OV
Name: LAWLER, REGINA T
Address: 1520 COOPER HILL RD
City-St-Zip: BIRMINGHAM, AL 35210

Title: OVS
Name: GILES, MICHAEL D
Address: 1520 COOPER HILL RD.
City-St-Zip: BIRMINGHAM, AL 35210

Title: TC
Name: ROBERT, MCKEE L III
Address: 3271 CANTERBURY WAY
City-St-Zip: BIRMINGHAM, AL 35243

Title: T
Name: FAYETTE, DENNISON
Address: 1921 SEVILLE DRIVE
City-St-Zip: BIRMINGHAM, AL 32503

Title: T
Name: COMFORT, VAN R
Address: 2608 KINGS RIDGE DRIVE
City-St-Zip: BIRMINGHAM, AL 35243

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL D. GILES

OVS

04/30/2011

Electronic Signature of Signing Officer or Director

Date