Aug. 27. 2004 2:08PM

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 01, 2004 8:00 am**
**Secretary of State**
09-01-2004 90008 013 ****70.00

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DOCUMENT # N01000008767

1. Entity Name
HENDRICKS METHODIST DAY SCHOOL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4000 SPRING PARK ROAD<br>JACKSONVILLE, FL 32207 | 4000 SPRING PARK ROAD<br>JACKSONVILLE, FL 32207 |

07132004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 01-0563837 ☐ 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 |
|---|---|
| SMITH, H. STRATTON III<br>611 WEST AZEELE STREET<br>TAMPA, FL 33606-2205 | Name: Ossi, Butler, Najem & Rosano P.A.<br>Street Address (P.O. Box Number is Not Acceptable): 1500 Prudential Drive<br>City: Jacksonville FL Zip Code: 32207 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] OBNR 8/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to: Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>BUTLER, HOWARD<br>13039 HUNT CLUB ROAD<br>JACKSONVILLE, FL 32224 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>COBB, JOHN<br>1841 RIVER ROAD<br>JACKSONVILLE, FL 32207 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>steve Sherman<br>2620 Forest Point Ct<br>Jacksonville, Fl. 32257 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREA<br>TAYLOR, BEVERLY<br>6660 WELLINGTON PLACE LANE<br>JACKSONVILLE, FL 32216 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Trea<br>Jane Green<br>9202 Jaybird Cir.W.<br>Jacksonville, Fl. 32257 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES<br>HEALEY, CATHY<br>2507 OCEAN DRIVE SOUTH<br>JACKSONVILLE BEACH, FL 32250 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pres<br>Paul Felker<br>3790 Hunt Club Rd<br>Jacksonville, Fl. 32224 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPRE<br>HOENSHEL, ROB<br>1384 SAN MATEO AVENUE<br>JACKSONVILLE, FL 32207 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Dir<br>Rob Hoenshel<br>1384 San Mateo Ave<br>Jacksonville, Fl. 32207 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECR<br>ROBBINS, JUDY<br>4357 HEAVEN TREES ROAD<br>JACKSONVILLE, FL 32207 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sec<br>Bobbi Dent<br>2953 Rex Dr.<br>Jacksonville Fl. 32246 | ☐ Change ☐ Addition |

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: Paul Felker 8/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #