FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:37

DOCUMENT # N08158 (0)

1. Corporation Name

HENDRICKS MEMORIAL UNITED METHODIST CENTER, INC.

Principal Place of Business	Mailing Address
% J.F. BILDERBACK 9959 HALEY RD JACKSONVILLE FL 32257	% J.F. BILDERBACK 9959 HALEY RD JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1985
3a. Date of Last Report: 01/13/1994
4. FEI Number: 59-2703161 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BILDERBACK, J.F.
9959 HALEY RD.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: ROBBIE, GORDON P.
82 Street Address (P.O. Box Number is Not Acceptable): 4000 SPRING PARK RD.
83
84 City: JACKSONVILLE, FL 32207 **FL** 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Gordon P. Robbie — Gordon P. Robbie, Chr. of Trustee Bd. — 3/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	XX Change ☐ Addition
NAME	BILDERBACK, J.F.	12 NAME	ROBBIE, GORDON P.	
STREET ADDRESS	9959 HALEY RD.	13 STREET ADDRESS	4000 SPRING PARK RD.	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DV	21 TITLE	DST	XX Change ☐ Addition
NAME	ROBBIE, GORDON P.	22 NAME	MILLER, EVELYN	
STREET ADDRESS	691 FRUITWOOD DR	23 STREET ADDRESS	4000 SPRING PARK RD.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DST	31 TITLE	D	XX Change ☐ Addition
NAME	VICKERS, CHERYL	32 NAME	VICKERS, CHERYL	
STREET ADDRESS	2716 SAM RD	33 STREET ADDRESS	4000 SPRING PARK RD	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HOWELL, MARGARET REV	42 NAME		
STREET ADDRESS	6317 WOOD VALLEY RD	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	CREWS, S.G.	52 NAME		
STREET ADDRESS	5628 MILMAR DR., SO.	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gordon P. Robbie — Gordon P. Robbie — 3/16/95 — 737-3554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000178 1