

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N08158** (0)

1. Corporation Name

HENDRICKS MEMORIAL UNITED METHODIST CENTER, INC.



Principal Place of Business

Mailing Address

% J.F. BILDERBACK
8969 HALEY RD
JACKSONVILLE FL 32257
~~96 FAITH UNITED METHODIST~~

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

3. Date Incorporated or Qualified

03/14/1985

3a. Date of Last Report

03/30/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

% FAITH UNITED METHODIST CHURCH

2a. Mailing Address

4000 SPRING PARK RD

Suite, Apt. #, etc.

—

Suite, Apt. #, etc.

—

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

Zip

32207

Country

—

Zip

32207

Country

—

9. Name and Address of Current Registered Agent

**ROBBIE, GORDON P
4000 SPRING PARK RD.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **ROBBIE, GORDON P**
STREET ADDRESS **4000 SPRING PARK RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DST** ☐ DELETE

NAME **MILLER, EVELYN**
STREET ADDRESS **4000 SPRING PARK RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **VICKERS, CHERYL**
STREET ADDRESS **4000 SPRING PARK RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **HOWELL, MARGARET REV**
STREET ADDRESS **6317 WOOD VALLEY RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE

NAME **CREWS, S.G.**
STREET ADDRESS **5628 MILMAR DR., SO.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☒ Change ☐ Addition

MACARAGES, JACK
4000 SPRING PARK RD.
JACKSONVILLE FL 32207

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20 1996

Date

(904) 737-3555

Daytime Phone #

CR2E037 (12/95)