

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08158 (0)
 1. Corporation Name
HENDRICKS MEMORIAL UNITED METHODIST CENTER, INC.



Principal Place of Business % FAITH UNITED METHODIST CHURCH 4000 SPRING PARK RD. JACKSONVILLE FL 32207 US	Mailing Address % FAITH UNITED METHODIST CHURCH 4000 SPRING PARK RD. JACKSONVILLE FL 32207 US
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3. Date Incorporated or Qualified 03/14/1985
4. FEI Number 59-2703161
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 TYSON, THOMAS 82 Street Address (P.O. Box Number Is Not Acceptable) 4000 SPRING PARK RD. 83 84 City JACKSONVILLE 85 Zip Code FL 32207

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 *Thomas Tyson* (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
DP ROBBIE, GORDON P 4000 SPRING PARK RD JACKSONVILLE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
DST MILLER, EVELYN 4000 SPRING PARK RD. JACKSONVILLE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
D VCKERS, CHERYL 4000 SPRING PARK RD JACKSONVILLE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
D HOWELL, MARGARET REV 6317 WOOD VALLEY RD JACKSONVILLE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
D MACARAGES, JACK 4000 SPRING PARK RD. JACKSONVILLE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
D S BRIGHTWELL, GERALDINE 4411 DEKALB AVENUE JACKSONVILLE FL 32207	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP TYSON, THOMAS 3226 GLENDYNE DR. W. JACKSONVILLE, FL	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D GREENWALT, JIM 4765 LYNBROOK DR. JACKSONVILLE, FL.	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D HOLBROOK, SARA 845 ACAPULCO RD. JACKSONVILLE, FL.	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D PEAVY, SHARON 5203 DAMASCUS RD. N. JACKSONVILLE, FL.	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D RASH, OSCAR 6660 WELLINGTON PLACE LANE JACKSONVILLE, FL.	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Thomas Tyson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000-0000

CR2E037 (10/97)