


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90235 042 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N08158</b> 1. Corporation Name <b>HENDRICKS MEMORIAL UNITED METHODIST CENTER, INC.</b>		
Principal Place of Business <b>% FAITH UNITED METHODIST CHURCH</b> <b>4000 SPRING PARK RD.</b> <b>JACKSONVILLE FL 32207</b> <b>US</b>	Mailing Address <b>% FAITH UNITED METHODIST CHURCH</b> <b>4000 SPRING PARK RD.</b> <b>JACKSONVILLE FL 32207</b> <b>US</b>	

576206-90008-41



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	03/14/1985
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-2703161
24. Country	29. Country	Applied For
		Not Applicable
		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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TYSON, THOMAS 4000 SPRING PARK RD JACKSONVILLE FL 32207		81. Name <b>Rob Hoenshel</b> 82. Street Address (P.O. Box Number is Not Acceptable) 4000 Spring Park Road 83. City Jacksonville, FL 85. Zip Code 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: <b>Rob Hoenshel</b>		DATE: <b>6/13/99</b>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	TYSON, THOMAS	1.2 NAME	Rob Hoenshel
STREET ADDRESS	3226 GLENDYNE DR. W.	1.3 STREET ADDRESS	1384 San Mateo Avenue
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	2.1 TITLE	VCD
NAME	GREENWALT, JIM	2.2 NAME	Tim Good
STREET ADDRESS	4765 LYNBROOK DR	2.3 STREET ADDRESS	3516 Barquentine Rd.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D	3.1 TITLE	D
NAME	HOLBROOK, SARA	3.2 NAME	Edward Lynch
STREET ADDRESS	845 ACAPULCO RD	3.3 STREET ADDRESS	4201 Goldie Street
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D S	4.1 TITLE	D
NAME	PEAVY, SHARON	4.2 NAME	Irene Racine
STREET ADDRESS	5203 DAMASCUS RD N	4.3 STREET ADDRESS	1505 Nicholson Rd.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	5.1 TITLE	D
NAME	RASH, OSCAR	5.2 NAME	Mike Hall
STREET ADDRESS	6660 WELLINGTON PLACE LANE	5.3 STREET ADDRESS	3652 Rosemary Street
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	6.1 TITLE	D
NAME	BRIGHTWELL, GERALDINE	6.2 NAME	Edwin Vickers
STREET ADDRESS	4411 DEKALB AVENUE	6.3 STREET ADDRESS	2716 Sam Road
CITY-ST-ZIP	JACKSONVILLE FL 32207	6.4 CITY-ST-ZIP	Jacksonville, FL 32216

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert D. Hoenshel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/99 904 296 0041

Daytime Phone #

CR2E037 (11/98)