

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08158

1. Entity Name

HENDRICKS MEMORIAL UNITED METHODIST CENTER, INC.

Principal Place of Business

Mailing Address

% FAITH UNITED METHODIST CHURCH
4000 SPRING PARK RD.
JACKSONVILLE FL 32207
US

% FAITH UNITED METHODIST CHURCH
4000 SPRING PARK RD.
JACKSONVILLE FL 32207-5742
US

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

59-2703161

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

HOENSHEL, ROB
4000 SPRING PARK RD
JACKSONVILLE FL 32207

Name

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

City

FL

Zip Code

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.

SIGNATURE

Robert O. Hoenshel

3/29/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME HOENSHEL, ROB
STREET ADDRESS 1384 SAN MARCO AVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE SD ☐ Change ☒ Addition
NAME Edwin Vickers
STREET ADDRESS 2716 Sam Road
CITY-ST-ZIP Jacksonville, FL 32216-5053

TITLE VCD ☒ Delete
NAME GOOD, TIM
STREET ADDRESS 3516 BARQUENTINE RD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VCD ☐ Change ☒ Addition
NAME Evelyn Penney
STREET ADDRESS 2149 Huntsford Rd.
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☒ Delete
NAME HOLBROOK, SARA
STREET ADDRESS 845 ACAPULCO RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Bud Shutterly
STREET ADDRESS 2539 Lowell Ave.
CITY-ST-ZIP Jacksonville, FL 32254

TITLE D ☒ Delete
NAME PEAVY, SHARON
STREET ADDRESS 5203 DAMASCUS RD N
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Irene Racine
STREET ADDRESS 1505 Nicholson Rd.
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☒ Delete
NAME ~~RASH, OSCAR~~ Beverly Taylor
STREET ADDRESS 6660 WELLINGTON PLACE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Mike Hall
STREET ADDRESS 3652 Rosemary St.
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☐ Delete
NAME LYNCH, EDWARD
STREET ADDRESS 4201 GOLDIE ST
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ Change ☒ Addition
NAME Paul Aaron
STREET ADDRESS 5201 Atlantic Blvd. #25
CITY-ST-ZIP Jacksonville, FL 32207

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:

Robert O. Hoenshel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

Daytime Phone #

904 296-0041 x888

CR2E037 (9/99)