2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # N08158** 1. Entity Name HENDRICKS MEMORIAL UNITED METHODIST CENTER, INC. 03-01-2001 90578 001 ***122.50 Principal Place of Business Mailing Address % FAITH UNITED METHODIST CHURCH % FAITH UNITED METHODIST CHURCH 4000 SPRING PARK RD. 4000 SPRING PARK RD. 63310 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2703161 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOENSHEL, ROB 4000 SPRING PARK RD JACKSONVILLE FL 32207 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. x Addition TITLE Change Delete TITLE Taylor, Beverly HOENSHEL, ROB NAME NAME STREET ADDRESS STREET ADDRESS 1384 SAN MARCO AVE 6660 Wellington Place Lane CITY-ST-ZIP Jacksonville, FL 32216 CITY-ST-ZIP JACKSONVILLE FL 32207 Change Addition VCD ☐ Delete TITLE TITLE PENNEY, EVELYN NAME Tyson, Tom NAME STREET ADDRESS STREET ADDRESS 2149 HUNTSFORD RD 3226_Glendyne_Dr...W... CITY_ST. 7IP CITY-ST-ZIF JACKSONVILLE FL 32207 Jacksonville, FL 32216 ■ Addition Delete Change D TITLE TITLE SHUTTERLY, BUD Vickers, Edwin NAME NAME STREET ADDRESS 2539 LOWELL AVE STREET ADDRESS 2716 Sam Rd. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Jacksonville, FL 32216 ☐ Change Addition X Delete TITLE TITLE Miller, Evelyn RACINE, IRENE NAME NAME STREET ADDRESS 1505 NICHOLSON RD STREET ADDRESS 3806 Orlando Circle W. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 Jacksonville, FL 32207

Jacksonville. FL 32207 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

D

HALL, MIKE

3652 ROSEMARY ST

LYNCH, EDWARD

4201 GOLDIE ST

JACKSONVILLE FL 32207

JACKSONVILLE FL 32207

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

X Delete

Burroughs, Robbie

Aaron, Paul

4715 Spring Park Rd.

<u>Jacksonville, FL 32207</u>

5201 Atlantic Blvd. #25

☐ Change

Change

CR2E037 (10/00

∐¥Addition