

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08158

1. Entity Name

HENDRICKS MEMORIAL UNITED METHODIST CENTER, INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90059 009 *****61.25

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
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
Mrs. Evelyn Miller

Street Address (P.O. Box Number is Not Acceptable)
3806 Orlando Circle W.

City
Jacksonville,

FL

Zip Code
32207

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

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 DP ☒ Change ☐ Addition
NAME Miller, Evelyn
STREET ADDRESS 3806 Orlando Circle W.
CITY-ST-ZIP Jacksonville, FL 32207

TITLE ~~VP~~ DS ☐ Delete
NAME PENNEY, EVELYN
STREET ADDRESS 2149 HUNTSFORD RD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ Change ☒ Addition
NAME Long, James
STREET ADDRESS 12426 Gately Oaks Lane E.
CITY-ST-ZIP Jacksonville, FL 32225

TITLE D ☐ Delete
NAME TAYLOR, BEVERLY
STREET ADDRESS 6660 WELLINGTON PLACE LANE
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ Change ☒ Addition
NAME Burroughs, Robbie M.
STREET ADDRESS 4715 Spring Park Rd.
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☒ Delete
NAME VICKERS, EDWIN
STREET ADDRESS 2716 SAM RD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ Change ☒ Addition
NAME Robbie, Gordon P.
STREET ADDRESS 5000 San Jose Blvd. #123
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☒ Delete
NAME HALL, MIKE
STREET ADDRESS 3652 ROSEMARY ST
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ Change ☒ Addition
NAME Daniel, James Sandlin (Sandy)
STREET ADDRESS 3395 Pickwick Dr. S.
CITY-ST-ZIP Jacksonville, FL 32257

TITLE D ☒ Delete
NAME ~~MILLER, EVELYN~~
STREET ADDRESS ~~3806 ORLANDO CIRCLE W~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32207~~

TITLE D ☐ Change ☒ Addition
NAME Aaron, Paul
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)