

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90244 001 ***122.50

DOCUMENT # N08158

1. Entity 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

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

~~MILLER, EVELYN MRS.~~
3808 ORLANDO CIRCLE W
JACKSONVILLE FL 32207

Name

Jim Long

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

12426 Gately Oaks Lane E.

City

Jacksonville,

FL

Zip Code
32225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **MILLER, EVELYN**
STREET ADDRESS **3808 ORLANDO CIRCLE W**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DS** ☐ Change ☒ Addition
NAME **Robbie, Gordon**
STREET ADDRESS **5000 San Jose Blvd. #123**
CITY-ST-ZIP **Jacksonville, FL 32207-7629**

TITLE **VCD** ☒ Delete
NAME **PENNEY, EVELYN**
STREET ADDRESS **2149 HUNTSFORD RD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VD** ☐ Change ☒ Addition
NAME **Daniel, Sandy**
STREET ADDRESS **3395 Pickwick Dr. S.**
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **D** ☒ Delete
NAME **TAYLOR, BEVERLY**
STREET ADDRESS **6680 WELLINGTON PLACE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Change ☒ Addition
NAME **Good, Tim**
STREET ADDRESS **3516 Barquentine Rd.**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **DP** ☐ Delete
NAME **LONG, JAMES**
STREET ADDRESS **12426 GATELEY OAKS LANE E**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE **D** ☒ Delete
NAME **BURROUGHS, ROBBIE**
STREET ADDRESS **4715 SPRING PARK RD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **Royce, D. Greg**
STREET ADDRESS **10010 Skinner Lake Dr. #325**
CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE **D** ☒ Delete
NAME **ROBBIE, GORDON P**
STREET ADDRESS **5000 SAN JOSE BLVD #123**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **Tyson, Tom**
STREET ADDRESS **3226 Glendyne Dr. W.**
CITY-ST-ZIP **Jacksonville, FL 32216**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2003

904 3590221

CR2E037 (10/02)