SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:15

DOCUMENT # **N32013** **(7)**

1. Corporation Name
HENDRICKS MEMORIAL UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
4000 SPRING PARK ROAD JACKSONVILLE FL 32207	4000 SPRING PARK ROAD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1989
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-0696290 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation files (is liable for) intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HOWELL, MARGARET H REV
4000 SPRING PARK ROAD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROBBIE, GORDON P	12 NAME	
STREET ADDRESS	7241 OLD KINGS RD. S. #44	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217-3390	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	VICKERS, EDWIN	22 NAME	
STREET ADDRESS	2716 SAM ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	TD ☒ Change ☐ Addition
NAME	CARGAL, MARY BETH	32 NAME	MORGAN, ROBERT EUGENE (GENE)
STREET ADDRESS	7704 NEWTON ROAD	33 STREET ADDRESS	4603 RUCKNER ROAD
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	MILLER, EVELYN	42 NAME	
STREET ADDRESS	3806 ORLANDO CIR. W.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CREWS, FAYE	52 NAME	
STREET ADDRESS	5628 MILMAR DRIVE SOUTH	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	VD ☒ Change ☐ Addition
NAME	WESTBROOK, MAXINE	62 NAME	MILLER, EDWIN H. Sr.
STREET ADDRESS	2962 WEST COBBLESTONE CIRCLE	63 STREET ADDRESS	3106 VICTORIA PARK ROAD
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JACKSONVILLE, FL

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gordon P. Robbie June 7 1995 (904) 630-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GORDON P. ROBBIE

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