

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
04/28/1989

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 4000 Spring Park Road

26 4000 Spring Park Road

4. FEI Number
59-0696290

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Jacksonville, FL

City & State
28 Jacksonville, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 32207

Country
25 US

Zip
29 32207

Country
30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**81 Name
Howell, Margaret H., Rev.**

**82 Street Address (P.O. Box Number is Not Acceptable)
4000 Spring Park Road**

**84 City
Jacksonville**

**FL 85 Zip Code
32207**

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

Rev. Margaret H. Howell

Rev. Margaret H. Howell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ROBBIE, GORDON P**
STREET ADDRESS **7241 OLD KINGS RD. S. #44**
CITY - ST - ZIP **JACKSONVILLE FL 32217-3390**

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Tyson, Thomas**
1.3 STREET ADDRESS **3226 Glendyne Dr. West**
1.4 CITY - ST - ZIP **Jacksonville, FL 32216**

TITLE **D** ☒ DELETE
NAME **VICKERS, EDWIN**
STREET ADDRESS **2716 SAM ROAD**
CITY - ST - ZIP **JACKSONVILLE FL**

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **Macarajes, Jack D.**
2.3 STREET ADDRESS **2666 Nicholas Cir. West**
2.4 CITY - ST - ZIP **Jacksonville, FL 32207**

TITLE **TD** ☐ DELETE
NAME **MORGAN, ROBERT EUGENE**
STREET ADDRESS **4803 RUCKNER RD**
CITY - ST - ZIP **JACKSONVILLE FL**

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **Greenwalt, James L.**
3.3 STREET ADDRESS **4765 Lyndbrook Drive**
3.4 CITY - ST - ZIP **Jacksonville, FL 32207**

TITLE **SD** ☐ DELETE
NAME **MILLER, EVELYN**
STREET ADDRESS **3808 ORLANDO CIR. W.**
CITY - ST - ZIP **JACKSONVILLE FL 32207**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Hall, Michael**
4.3 STREET ADDRESS **3652 Rosemary Street**
4.4 CITY - ST - ZIP **Jacksonville, FL 32207**

TITLE **D** ☒ DELETE
NAME **CREWS, FAYE**
STREET ADDRESS **5628 MILMAR DRIVE SOUTH**
CITY - ST - ZIP **JACKSONVILLE FL**

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **Brightwell, Geraldine E.**
5.3 STREET ADDRESS **4411 DeKalb Ave.**
5.4 CITY - ST - ZIP **Jacksonville, FL 32207**

TITLE **VD** ☒ DELETE
NAME **MILLER, EDWIN H SR**
STREET ADDRESS **3106 VICTORIA PARK RD**
CITY - ST - ZIP **JACKSONVILLE FL**

6.1 TITLE **Director** ☐ Change ☒ Addition
6.2 NAME **Shutterly, Richard**
6.3 STREET ADDRESS **3600 Cedar Drive, Jacksonville, FL**
6.4 CITY - ST - ZIP

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)(k), 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:

Rev. Margaret H. Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Margaret H. Howell (904) 737-3555

CR2E037 (3/96)