

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
 4000 SPRING PARK ROAD
 JACKSONVILLE FL 32207

Mailing Address
 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
 21 4000 Spring Park Road
 Suite, Apt. #, etc.

2a. Mailing Address
 26 4000 Spring Park Road
 Suite, Apt. #, etc.

4. FEI Number 59-0696290
 Applied For Not Applicable

22 City & State Jacksonville, FL

27 City & State Jacksonville, FL

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

23 Zip 32207 Country US

28 Zip 32207 Country US

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

24 Zip 32207 Country US

29 Zip 32207 Country 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
 83
 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*
 Signature typed or printed name of registered agent and title if applicable

Rev. Margaret H. Howell

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBBIE, GORDON P	
STREET ADDRESS	7241 OLD KINGS RD. S. #44	
CITY - ST - ZIP	JACKSONVILLE FL 32217-3390	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VICKERS, EDWIN	
STREET ADDRESS	2716 SAM ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORGAN, ROBERT EUGENE	
STREET ADDRESS	4603 RUCKNER RD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, EVELYN	
STREET ADDRESS	3806 ORLANDO CIR. W.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CREWS, FAYE	
STREET ADDRESS	5628 MILMAR DRIVE SOUTH	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, EDWIN H SR	
STREET ADDRESS	3106 VICTORIA PARK RD	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tyson, Thomas	
1.3 STREET ADDRESS	3226 Glendyne Dr. West	
1.4 CITY - ST - ZIP	Jacksonville, FL 32216	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Macarajes, Jack D.	
2.3 STREET ADDRESS	2666 Nicholas Cir. West	
2.4 CITY - ST - ZIP	Jacksonville, FL 32207	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Greenwalt, James L.	
3.3 STREET ADDRESS	4765 Lyubrook Drive	
3.4 CITY - ST - ZIP	Jacksonville, FL 32207	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hall, Michael	
4.3 STREET ADDRESS	3652 Rosemary Street	
4.4 CITY - ST - ZIP	Jacksonville, FL 32207	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brightwell, Geraldine E.	
5.3 STREET ADDRESS	4411 DeKalb Ave.	
5.4 CITY - ST - ZIP	Jacksonville, FL 32207	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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
 Date Daytime Phone #

CR2E037 (3/96)