

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N34397 (2)**

1. Corporation Name

METHODIST CHURCH TRUSTEES, JACKSONVILLE DISTRICT, INC.



Principal Place of Business

Mailing Address

1415 LASALLE ST.
JACKSONVILLE FL 32207-0196

1415 LASALLE ST.
JACKSONVILLE FL 32207-0196

3. Date Incorporated or Qualified

09/28/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6045472

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

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

RIDDLE, BARBARA W.
1415 LASALLE STREET
JACKSONVILLE FL 32207

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

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

(NOTE: Registered Agent signature required when for filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CTR	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, LARRY	
STREET ADDRESS	2141 FOREST HOLLOW WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	COLEY, PAUL	
STREET ADDRESS	2305 SEDGWICK PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	BAKER, DOT	
STREET ADDRESS	3766 HERITAGE RD., EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MCCLELLAND, JIM	
STREET ADDRESS	4323 OLDE PINE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	CURRIE, PAULINE	
STREET ADDRESS	4336 BARQUERO COURT EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STR	<input type="checkbox"/> DELETE
NAME	JONES, BRUCE	
STREET ADDRESS	1620 NALDO AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jones, Bruce	
1.3 STREET ADDRESS	1620 Naldo Avenue	
1.4 CITY-ST-ZIP	Jacksonville, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	STR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Currie, Pauline	
5.3 STREET ADDRESS	4336 Barquero Ct. E.	
5.4 CITY-ST-ZIP	Jacksonville, FL	
6.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David C. Hastings, Jr.	
6.3 STREET ADDRESS	1415 LaSalle Street	
6.4 CITY-ST-ZIP	Jacksonville, FL	

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: *David C. Hastings, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 March, 1996

(904) 896-3026
Date: Daytime Phone #

CR2E037 (12/95)