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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32207-01961415 LASALLE ST.
JACKSONVILLE FL 32207-31133. Date Incorporated or Qualified
09/28/19893a. Date of Last Report
04/02/1996

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
59-6045472Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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 Hill, Teresa L.

82 Street Address (P.O. Box Number is Not Acceptable)
1415 LaSalle Street

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

Teresa L. Hill

(NOTE: Registered Agent signature required when reinstating)

22 Jan 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CTR ☒ DELETE
NAME JONES, BRUCE
STREET ADDRESS 1620 NALDO AVENUE
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE CTR ☐ Change ☒ Addition
1.2 NAME Simmons, Joy
1.3 STREET ADDRESS 1534 Plainfield Ave.
1.4 CITY-ST-ZIP Orange Park, FL 32073TITLE TR ☐ DELETE
NAME COLEY, PAUL
STREET ADDRESS 2305 SEDGWICK PLACE
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TR ☒ DELETE
NAME BAKER, DOT
STREET ADDRESS 3766 HERITAGE RD., EAST
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Jackson, Glenna
3.3 STREET ADDRESS 4512 Marlboro Cir. W.
3.4 CITY-ST-ZIP Jacksonville, FL 32206TITLE TR ☒ DELETE
NAME MCCLELLAND, JIM
STREET ADDRESS 4323 OLDE PINE LANE
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Lewis, Murray
4.3 STREET ADDRESS 148 Water Oak Drive
4.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082TITLE STR ☐ DELETE
NAME CURRIE, PAULINE
STREET ADDRESS 4336 BARQUERO CT E
CITY-ST-ZIP JACKSONVILLE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE STR ☒ DELETE
NAME JONES, BRUCE
STREET ADDRESS 1620 NALDO AVE.
CITY-ST-ZIP JACKSONVILLE FL6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Howell, Margaret
6.3 STREET ADDRESS 4000 Spring Park Road
6.4 CITY-ST-ZIP Jacksonville, FL 32207

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Howell

22 Jan 1997 (904) 737-3555

Date

Daytime Phone *0004956

CR2E037 (9/96)