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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 32207-3113**

3. Date Incorporated or Qualified **09/28/1989** 3a. Date of Last Report **04/02/1996**
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

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

9. Name and Address of Current Registered Agent
**RIDDLE, BARBARA W.
1415 LASALLE STREET
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
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* 22 Jan 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
CTR JONES, BRUCE 1620 NALDO AVENUE JACKSONVILLE FL DELETE
TR COLEY, PAUL 2305 SEDGWICK PLACE JACKSONVILLE FL DELETE
TR BAKER, DOT 3766 HERITAGE RD., EAST JACKSONVILLE FL DELETE
TR MCCLELLAND, JIM 4323 OLDE PINE LANE JACKSONVILLE FL DELETE
STR CURRIE, PAULINE 4336 BARQUERO CT E JACKSONVILLE FL DELETE
STR JONES, BRUCE 1620 NALDO AVE. JACKSONVILLE FL DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE CTR Change Addition
1.2 NAME Simmons, Joy
1.3 STREET ADDRESS 1534 Plainfield Ave.
1.4 CITY-ST-ZIP Orange Park, FL 32073
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE TR Change Addition
3.2 NAME Jackson, Glenna
3.3 STREET ADDRESS 4512 Marlboro Cir. W.
3.4 CITY-ST-ZIP Jacksonville, FL 32206
4.1 TITLE TR Change Addition
4.2 NAME Lewis, Murray
4.3 STREET ADDRESS 148 Water Oak Drive
4.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE STR 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: *Margaret Howell* Margaret Howell 22 Jan 1997 (904) 737-3555
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *0004958

CR2E037 (9/96)