


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34397 (2)**  
1. Corporation Name  
**METHODIST CHURCH TRUSTEES, JACKSONVILLE DISTRICT, INC.**



Principal Place of Business <b>1415 LASALLE ST. JACKSONVILLE FL 32207-0196</b>	Mailing Address <b>1415 LASALLE ST. JACKSONVILLE FL 32207-0196</b>
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3. Date Incorporated or Qualified <b>09/28/1989</b>	
4. FEI Number <b>59-6045472</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 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 <b>Hill, Teresa L.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1415 LaSalle Street</b>
83
84 City <b>Jacksonville</b>
85 State <b>FL</b>
86 Zip Code <b>32207</b>

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 **Teresa L. Hill**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE <b>CTR</b>	NAME <b>SIMMONS, JOY</b>	<input type="checkbox"/>
STREET ADDRESS <b>1534 PLAINFIELD AVENUE</b>	CITY-ST-ZIP <b>ORANGE PARK FL</b>	
TITLE <b>TR</b>	NAME <b>JACKSON, GLENNA</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>4512 MARLBORO CIRCLE WEST</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>TR</b>	NAME <b>BAKER, DOT</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>3768 HERITAGE RD., EAST</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>TR</b>	NAME <b>LEWIS, MURRAY</b>	<input type="checkbox"/>
STREET ADDRESS <b>148 WATER OAK DRIVE</b>	CITY-ST-ZIP <b>PONTE VEDRA BEACH FL</b>	
TITLE <b>STR</b>	NAME <b>CURRIE, PAULINE</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>4336 BARQUERO CT E</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>STR</b>	NAME <b>HOWELL, MARGARET</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>4000 SPRING PARK ROAD</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
2.1 TITLE <b>TR</b>	2.2 NAME <b>Debra B. Moore</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS <b>1415 LaSalle Street</b>	2.4 CITY-ST-ZIP <b>Jacksonville, FL 32207</b>		
3.1 TITLE <b>TR</b>	3.2 NAME <b>Moore, Mike</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.3 STREET ADDRESS <b>5417 Lenox Avenue</b>	3.4 CITY-ST-ZIP <b>Jacksonville, FL 32205</b>		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE <b>STR</b>	5.2 NAME <b>Butler, Tom</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS <b>3117 Isser Lane</b>	5.4 CITY-ST-ZIP <b>Jacksonville, FL 32257</b>		
6.1 TITLE <b>STR</b>	6.2 NAME <b>Parker, Wallace</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.3 STREET ADDRESS <b>3750 Gurley Road</b>	6.4 CITY-ST-ZIP <b>Jacksonville, FL 32277</b>		

14. I 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: Debra B. Moore **Debra B. Moore 3/30/98 (904)396-3026**

CR2E037 (10/97)