

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  
**09/28/1989**

4. FEI Number  
**59-6045472**

Applied For  
☐ Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☐ Yes ☐ No

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 **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

TITLE	CTR	<input type="checkbox"/> DELETE
NAME	SIMMONS, JOY	
STREET ADDRESS	1534 PLAINFIELD AVENUE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, GLENNA	
STREET ADDRESS	4512 MARLBORO CIRCLE WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, DOT	
STREET ADDRESS	3766 HERITAGE RD., EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	LEWIS, MURRAY	
STREET ADDRESS	148 WATER OAK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	STR	<input checked="" type="checkbox"/> DELETE
NAME	CURRIE, PAULINE	
STREET ADDRESS	4336 BARQUERO CT E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STR	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, MARGARET	
STREET ADDRESS	4000 SPRING PARK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Debra B. Moore
2.3 STREET ADDRESS	1415 LaSalle Street
2.4 CITY-ST-ZIP	Jacksonville, FL 32207
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Moore, Mike
3.3 STREET ADDRESS	5417 Lenox Avenue
3.4 CITY-ST-ZIP	Jacksonville, FL 32205
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Butler, Tom
5.3 STREET ADDRESS	3117 Isser Lane
5.4 CITY-ST-ZIP	Jacksonville, FL 32257
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Parker, Wallace
6.3 STREET ADDRESS	3750 Gurley Road
6.4 CITY-ST-ZIP	Jacksonville, FL 32277

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)