

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90017 028 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N34397**

1. Corporation Name

**METHODIST CHURCH TRUSTEES, JACKSONVILLE DISTRICT, INC.**

Principal Place of Business  
 1415 LASALLE ST.  
 JACKSONVILLE FL 32207-0196

Mailing Address  
 1415 LASALLE ST.  
 JACKSONVILLE FL 32207-0196



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/28/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6045472	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HILL, TERESA L. 1415 LASALLE STREET JACKSONVILLE FL 32207				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CTR	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, JOY		1.2 NAME	Gibson, Ron	
STREET ADDRESS	1534 PLAINFIELD AVENUE		1.3 STREET ADDRESS	1955 Broward Road	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	TR	<input type="checkbox"/> DELETE	2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOORE, DEBRA B.		2.2 NAME	Moore, Debra B.	
STREET ADDRESS	1415 LASALLE STREET		2.3 STREET ADDRESS	1415 LaSalle St.	
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	TR	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MIKE		3.2 NAME		
STREET ADDRESS	5417 LENOX AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		3.4 CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> DELETE	4.1 TITLE	CTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, MURRAY		4.2 NAME	Lewis, Murray	
STREET ADDRESS	148 WATER OAK DRIVE		4.3 STREET ADDRESS	148 Water Oak Drive	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	STR	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, TOM		5.2 NAME		
STREET ADDRESS	3117 ISSER LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		5.4 CITY-ST-ZIP		
TITLE	STR	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, WALLACE		6.2 NAME		
STREET ADDRESS	3750 GURLEY ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

*Debra B. Moore* **SIGNATURE REDUBAID Moore**

4/1/99 904 396 3026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004774

CR2E037 (11/98)