2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600003517

Entity Name: METHODIST CHILDREN'S VILLAGE, INC.

Current Principal Place of Business:

7915 HERLONG ROAD JACKSONVILLE, FL 32210

Current Mailing Address:

7915 HERLONG ROAD JACKSONVILLE, FL 32210

FEI Number: 59-3414968

Name and Address of Current Registered Agent:

LEE, GINGER I 7915 HERLONG ROAD JACKSONVILLE, FL 32210 US

Certificate of Status Desired: Yes

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D	Title	D
Name	HAAS, KRISTAN	Name	SMILEY, TIM
Address	2218 ERNEST STREET	Address	1415 LASALLE STREET
City-State-Zip:	JACKSONVILLE FL 32204	City-State-Zip:	JACKSONVILLE FL 32207
Title	CD	Title	STD
Name	DILLARD, JEANNE	Name	GUTIERREZ, VALERIE
Address	10658 GRAYSON COURT	Address	7650 KNOLL DRIVE NORTH
City-State-Zip:	JACKSONVILLE FL 32220	City-State-Zip:	JACKSONVILLE FL 32221
Title	D	Title	DIRECTOR
Title Name	D HAMMOND, WILLIAM	Title Name	DIRECTOR LEE, GINGER I
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Name	HAMMOND, WILLIAM	Name	LEE, GINGER I 4056 CORRIENTES COURT EAST
Name Address	HAMMOND, WILLIAM 3439 FITCH STREET	Name Address	LEE, GINGER I 4056 CORRIENTES COURT EAST
Name Address City-State-Zip:	HAMMOND, WILLIAM 3439 FITCH STREET JACKSONVILLE FL 32205	Name Address City-State-Zip:	LEE, GINGER I 4056 CORRIENTES COURT EAST JACKSONVILLE FL 32217
Name Address City-State-Zip: Title	HAMMOND, WILLIAM 3439 FITCH STREET JACKSONVILLE FL 32205 DIRECTOR	Name Address City-State-Zip: Title	LEE, GINGER I 4056 CORRIENTES COURT EAST JACKSONVILLE FL 32217 DIRECTOR
Name Address City-State-Zip: Title Name	HAMMOND, WILLIAM 3439 FITCH STREET JACKSONVILLE FL 32205 DIRECTOR TOWNSEND, LEE 4647 MARTINGALE ROAD	Name Address City-State-Zip: Title Name	LEE, GINGER I 4056 CORRIENTES COURT EAST JACKSONVILLE FL 32217 DIRECTOR COWARD, CHERYL 4616 MARTINGALE ROAD

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEANNE DILLARD

CHAIR DIRECTOR

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 26, 2013 Secretary of State CC9184671995

Date