

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003517

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

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

Date

Officer/Director Detail :

Title D
Name HAAS, KRISTAN
Address 2218 ERNEST STREET
City-State-Zip: JACKSONVILLE FL 32204

Title D
Name SMILEY, TIM
Address 1415 LASALLE STREET
City-State-Zip: JACKSONVILLE FL 32207

Title CD
Name DILLARD, JEANNE
Address 10658 GRAYSON COURT
City-State-Zip: JACKSONVILLE FL 32220

Title DIRECTOR
Name LEE, GINGER I
Address 4056 CORRIENTES COURT EAST
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name TOWNSEND, LEE
Address 4647 MARTINGALE ROAD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name COWARD, CHERYL
Address 4616 MARTINGALE ROAD
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY, TREASURER
Name FREEMAN, PATRINA
Address 5544 COLONY PINE CIRCLE NO.
City-State-Zip: JACKSONVILLE FL 32244

Title DIRECTOR
Name BURGESS, MARGE
Address 4815 MAID MARIAN LANE
City-State-Zip: JACKSONVILLE FL 32210

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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

CHAIRMAN

04/25/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUGGLE, AMY
Address 2756 HERSCHELL STREET
City-State-Zip: JACKSONVILLE FL 32205