

2021 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:** No**Name and Address of Current Registered Agent:**PATERNO, KELLY S
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:** KELLY S PATERNO

02/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name BUNNELL, RICHARD
Address 4444 COUNTRY CLUB ROAD
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER
Name BUNNELL, WYNELLE
Address 4444 COUNTRY CLUB ROAD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name WELCH, BENJAMIN
Address 4846 DUCHENEAU DRIVE
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name PATERNO, KELLY S
Address 4724 BLACKBURN ST
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name RAY, TROY
Address 7915 HERLONG ROAD
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name MOONEYHAN, HENRY
Address 7915 HERLONG ROAD
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: KELLY S. PATERNO

EXECUTIVE DIRECTOR

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NORVILLE, SUSAN
Address 7915 HERLONG ROAD
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY
Name MYRICK, MARILYN
Address 7915 HERLONG ROAD
City-State-Zip: JACKSONVILLE FL 32210