

5-6-98 B 70653 - C
FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **710937** (4)
1. Corporation Name
FIRST UNITED CHURCH OF TAMPA, FLORIDA, INC. (CON GREGATIONAL)

Principal Place of Business 7308 E FOWLER AVE. TAMPA FL 33617	Mailing Address 7308 E FOWLER AVE. TAMPA FL 33617
---	---

3. Date Incorporated or Qualified

05/25/1966

4. FEI Number

59-3268170

Applied For
Not Applicable

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

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

**RAMPOLLA, DORIS
405 JOYCE AVENUE
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE	V	<input type="checkbox"/> DELETE
NAME	MOODY, ALLEN	
STREET ADDRESS	5413 GINGER COVE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BINFORD, JESSE	
STREET ADDRESS	1905 E 111TH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KNECHT, JANET	
STREET ADDRESS	8708 ORANGE LEAF COURT	
CITY-ST-ZIP	TAMPA FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MCKINNEY, MICHAEL	
STREET ADDRESS	14708 DAYBREAK DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	STR	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, ROBERT	
STREET ADDRESS	8410 E. FOWLER AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MICHAEL, RODNEY	
STREET ADDRESS	P O BOX 244 N/A	
CITY-ST-ZIP	RIVERVIEW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAUREEN MCBORMICK	
1.3 STREET ADDRESS	13901 N. FLORIDA AVE E67	
1.4 CITY-ST-ZIP	TAMPA, FL 33613	
2.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CASSANDRA FREIBERGER	
2.3 STREET ADDRESS	12906 B NATIONAL DRIVE	
2.4 CITY-ST-ZIP	TAMPA, FL 33617	
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEWIS ELSWORTH	
3.3 STREET ADDRESS	1107 N. 21ST STREET	
3.4 CITY-ST-ZIP	TAMPA, FL 33612	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEVEN RICKERT	
4.3 STREET ADDRESS	14707 CAQUINE DRIVE	
4.4 CITY-ST-ZIP	LUTZ, FL 33549	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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:

MAUREEN MCBORMICK 04/24/98

CR2E037 (10/97)