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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49616 (8)

1. Corporation Name

HYDE PARK UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
500 W PLATT ST TAMPA FL	500 W PLATT ST TAMPA FL 33606-2246

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 02/22/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-0714823 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARD, DAVID E JR
101 E KENNEDY BLVD
SUITE 3700
TAMPA FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	CHOATE, SAM		1.2 NAME	Michael Hooker	
STREET ADDRESS	5020 BAYSHORE BLV #305		1.3 STREET ADDRESS	852 S. Newport Ave	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, LISA		2.2 NAME		
STREET ADDRESS	4110 WEST AZEELE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, TIM		3.2 NAME		
STREET ADDRESS	4507 BROOKWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	BUCHANAN, DON		4.2 NAME	Valencia Gower	
STREET ADDRESS	2511 N. DUNDEE ST		4.3 STREET ADDRESS	4116 W. San Juan St	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL	
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	GAGE, SUSAN		5.2 NAME	Robert Adams	
STREET ADDRESS	2614 SUNSET DRIVE		5.3 STREET ADDRESS	3113 Hawthorne Rd	
CITY-ST-ZIP	TAMPA FL 33629		5.4 CITY-ST-ZIP	Tampa, FL	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YOUNGER, JR C		6.2 NAME		
STREET ADDRESS	8015 SOUTH WOODLYN DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Anne P. Brown Treasurer/Financial Secretary 2/7/97 813-253-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #