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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49616**

1. Corporation Name
HYDE PARK UNITED METHODIST CHURCH, INC.

* 464298 - 90019 - 11 *

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0714823 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Thomas N. Henderson III
82 Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd.
83: Suite 3700
84 City: Tampa **FL** 85 Zip Code: 33602

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: Thomas N. Henderson III 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Garcia, Kennedy	
STREET ADDRESS	56020 BAYSHORE BLVD #703		1.3 STREET ADDRESS	5216 W. Neptune Way	
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP	Tampa, FL 33609	
TITLE	T	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	JOHNSON, LISA		2.2 NAME	Barritt, Nancy	
STREET ADDRESS	4110 WEST AZEELE STREET		2.3 STREET ADDRESS	2512 Simms Blvd.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33609	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CATALANO, JAMES		3.2 NAME		
STREET ADDRESS	3701 W PALMIRA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOWER, VALENCIA		4.2 NAME		
STREET ADDRESS	4116 W SAN JUAN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, ROBERT		5.2 NAME		
STREET ADDRESS	3113 HAWTHORNE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ALLEY, TODD		6.2 NAME		
STREET ADDRESS	184 BALTIC CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED James Catalano 4/28/99 813-253-5388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #