

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:34

DOCUMENT # N93000005717 (4)

1. Corporation Name
THE PORT TAMPA UNITED METHODIST CHURCH, INC.

Principal Place of Business Mailing Address
6914 S. DESOTO STREET TAMPA FL **6914 S. DESOTO STREET TAMPA FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1993	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2916667	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
25. Country	30. Country

9. Name and Address of Current Registered Agent
**CARRICK, ALICE E
6914 S. DESOTO ST.
TAMPA FL 33616**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	D	11 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDERLAAN, DAVID	12 NAME	RICHARD JEWETT
STREET ADDRESS	4003 OKLAHOMA STREET	13 STREET ADDRESS	6812 South Cortez
CITY - ST - ZIP	TAMPA FL	14 CITY - ST - ZIP	Tampa, Florida 33616
TITLE	PD	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIETZ, RANDY	22 NAME	RANDY TIETZ
STREET ADDRESS	7006 S. DESOTO ST.	23 STREET ADDRESS	7006 South De Soto Street
CITY - ST - ZIP	TAMPA FL	24 CITY - ST - ZIP	Tampa, Florida 33616
TITLE	SD	31 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDERLAAN, DONNA	32 NAME	ALICE E. CARRICK
STREET ADDRESS	4003 OKLAHOMA AVE	33 STREET ADDRESS	6914 S. De Soto Street
CITY - ST - ZIP	TAMPA FL	34 CITY - ST - ZIP	Tampa, Florida 33616
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTS, FRED	42 NAME	
STREET ADDRESS	3905 ESTRELLA	43 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33629	44 CITY - ST - ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, LEA	52 NAME	
STREET ADDRESS	4108 TACON STREET	53 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, BOB	62 NAME	
STREET ADDRESS	5602 SHERIDAN	63 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: *Alice E. Carrick* Alice E. Carrick, Tampa, FL 2/22/95 213 339 2161