## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT #

N9300005717 (4)

THE PORT TAMPA UNITED METHODIST CHURCH, INC.

Principal Place of Business			Mailing Address					J I I I I I I I I I I I I I I I I I I I			
6914 S. DESOTO STREET TAMPA FL		6914 S. DESOTO STREET TAMPA FL 33616-1806									
								3. Date Incorporated or Qualified 12/21/1993	3a. Da	ate of Last   01/31/19	Report 996
•			2a. Mailing Address					4. FEI Number	····· • • · · · · · · · · · · · · · · ·	I A	pplied For
21			26				ļ	59-2916667			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22			27					o. Commente of Oldros Desired		Fee F	Required
City & State			City & State				1	6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country		Zip Co		Country		- 1	8. This corporation has liability for			s. 199.032,
24	25		29 30					Florida Statutes Yes No			
	9. Name and Address of Curre	nt Regis	tered Agent		1	· · · · · ·		10. Name and Address of New I	Registered	Agent	
					B1	Name	1				
	K, ALICE E				82	Street	Address	s (P.O. Box Number is Not Accept	able)		
6914 S. DESOTO ST.								<u> </u>			
TAMPA F	FL 33616				83	•					
					84	City		·	FL	<b>85</b> Zip	Code
	217.05		42.4600 Ft. :: 4: Otal	A	Ļ					<u> </u>	
office or re	to the provisions of Sections 617.05 egistered agent, or both, in the State	e of Florid	da. Such change was	authorize	ed by	the cor	rporation	ation submits this statement for the 's board of directors. I hereby acc	ept the app	r changing ointment a	s registered
agent. Fai	m familiar with, and accept the oblig	jations of	f, Section 617.0503, Fi	iorida Sta	atutes	S.					ţ
BIGITATIONE	Signature, typed or printed name of registered ag	ent and title	ir applicable. (NO	TE: Register	ed Age	ent signature	e required (	when reinstating)	DATE		
12.	OFFICERS AN	1D DIREC		13	·		<del></del> -	ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	D		DELETE	1.1	TITLE		į.			Change	Addition
NAME	vanderlaan, david			1.2	NAME						
STREET ADDRESS	10202 N EDISON AVE.			1.3	STREET	ADDRESS					
CITY-ST-ZiP	TAMPA FL			1.41	CITY-S	ST-ZIP	<u> </u>				
TITLE	D		XX DELETE		2 1 TITLE		Į T			Change	XX Addition
NAME	TIETZ, RANDY			2.2	NAME			RRICK, ALICE E.			
STREET ADDRESS	1517 NEWBURGER RD.			2.3	STREET	ADDRESS	691	14 S. DE SOTO STREE	Ī		
CITY-ST-ZIP	LUTZ FL			2.4	спу-	ST-ZIP	TAN	MPA, FL 33616			
TITLE	SD DELETE		DELETE	3.1	3.1 TITLE		CD			Change	Addition
NAME	VANDERLAAN, DONNA			3.2	NAME						
STREET ADDRESS	10202 N EDISON AVE.			3.3	STAEET	ADDRESS	1				
CITY-ST-ZIP	TAMPA FL			3.4.	CITY-	ST-ZIP	1				
TITLE	DP		☐ DELETE		TITLE		D	······································		XX Change	Addition
NAME	JEWETT, RICHARD C.			4. 2	NAME		-				
STREET ADDRESS	6812 S. CORTEZ			4.3	STREET	T ADDRESS	1				
CITY-ST-ZIP	TAMPA FL			4.4	CITY - S	ST-ZIP					
TITLE	VD						D			XX Change	Addition
NAME	LOWERY, LEA			5.2	NAME		1				
STREET ADDRESS	4108 TACON STREET					T ADDRESS					
CITY-ST-ZIP	TAMPA FL				CITY-S		1				
TITLE	D		☐ DELETE		TITLE	, E11	†		<del></del>	☐ Change	Addition
NAME	Ward, Martha A.				NAME						
i :	5602 SHERIDAN			1							
STREET ADDRESS				•		ADDRESS	1				
CITY-ST-ZIP	TAMPA FL			■ 6.4	CITY-S	ST-ZIP	1				

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 trusted 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:

SIGNATURE:

SIGNATURE AND TYPE OF SENTED AND TESTED OF REPORTS.