

FILED
Aug 09, 1999 8:00 am
Secretary of State

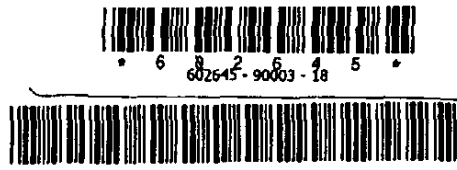
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005717

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

Principal Place of Business 6914 S. DESOTO STREET TAMPA FL	Mailing Address 6914 S. DESOTO STREET TAMPA FL
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/21/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2916667
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 KAREN PERRY 82 Street Address (P.O. Box Number is Not Acceptable) 6206 S. HAROLD AV 83 84 City TAMPA FL 85 Zip Code 33616
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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 KAREN PERRY, TREASURER Karen Perry DATE 7/5/99

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 D	VANDERLAAN, DAVID 10202 N EDISON AVE. TAMPA FL	1.1 TITLE DIRECTOR	OMAN, DORIS
NAME	<i>No CHANGE</i>	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	TAMPA FL 33616
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE T	CARRICK, ALICE 6914 S DE SOTO STREET TAMPA FL	2.1 TITLE TREASURER	PERRY, KAREN
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	6206 S. HAROLD AV
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA FL 33616
TITLE CD	VANDERLAAN, DONNA 10202 N EDISON AVE. TAMPA FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	CAMPBELL, CHUCK 4118 ESTRELLA TAMPA FL 33629	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	LOWERY, LEA 4108 TACON STREET TAMPA FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	WARD, MARTHA A. 5602 SHERIDAN TAMPA FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Karen Perry **SIGNATURE REQUIRED** KAREN PERRY DATE 7/5/99 DAYTIME PHONE # 813-835-0576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)