

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

**APPROVED
AND
FILED**

95 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # N38788 (8)
 1. Corporation Name
THE UNITED COMMUNITY CHURCH OF NORTH TAMPA, INC.

Principal Place of Business P O BOX 16142 TAMPA FL 33687-3142	Mailing Address P O BOX 16142 TAMPA FL 33687-3142
-----------------------------------------------------------------------------	-----------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/26/1990	3a. Date of Last Report 04/21/1994
4. FEI Number 59-3027227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 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 § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**JENSEN, MARK A.
6209 CHAUNCY ST
TAMPA FL 33647**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent Signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD MCNAUGHT, CHUCK	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5602 N IKE SMITH RD	12 NAME	
STREET ADDRESS	PLANT CITY FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	DV JENSEN, MARK	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6209 CHAUNCY ST	22 NAME	
STREET ADDRESS	TAMPA FL	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	DS BAKER, CAROL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1113 N RIVERHILLS DR	32 NAME	
STREET ADDRESS	TAMPA FL	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	D CONRAD, RAY	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10820 N EDISON	42 NAME	
STREET ADDRESS	TAMPA FL	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	D CONLEY, BILL	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6302 E SLIGH AVE	52 NAME	
STREET ADDRESS	TAMPA FL	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	D CONRAD, ELMA	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10820 NORTH EDISON	62 NAME	
STREET ADDRESS	TAMPA FL	63 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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: Mark A. Jensen **MARK A. JENSEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Press #