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Secretary of State

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UPSTATE

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38788

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/26/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3027227
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		10. Name and Address of New Registered Agent	
JENSEN, MARK A. 6209 CHAUNCY ST TAMPA FL 33647		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAUGHT, CHUCK	1.2 NAME	
STREET ADDRESS	5602 N IKE SMITH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, MARK	2.2 NAME	
STREET ADDRESS	6209 CHAUNCY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, CAROL	3.2 NAME	
STREET ADDRESS	1113 N RIVERHILLS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, RAY	4.2 NAME	
STREET ADDRESS	10820 N EDISON	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, MELVA	5.2 NAME	
STREET ADDRESS	7605 NORTH 53RD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, ELMA	6.2 NAME	
STREET ADDRESS	10820 NORTH EDISON	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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: Mark A. Jensen SIGNATURE REQUIRED: MARK A. JENSEN 2/26/1999 813-615-5613

CR2E037 (1/198)