

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703340 (0)
1. Corporation Name
WESLEY MEMORIAL UNITED METHODIST CHURCH OF TAMPA
INC.

Principal Place of Business Mailing Address
6100 MEMORIAL HIGHWAY 6100 MEMORIAL HIGHWAY
TAMPA FL 33615 TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1974 3a. Date of Last Report 03/18/1994
4. FEI Number 59-1306132 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

SOUTHWORTH, DAN
11825 SNAPDRAGON
TAMPA FL 33635

10. Name and Address of New Registered Agent

81 Name Tillet, James B.
82 Street Address (P.O. Box Number is Not Acceptable) 8705 Cobblestone Drive
83
84 City Tampa FL 85 Zip Code 33615

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

James B. Tillet JAMES B. TILLET
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

03-16-95
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SOUTHWORTH, DAN
STREET ADDRESS 11825 SNAPDRAGON
CITY-ST-ZIP TAMPA, FL 00000
TITLE D
NAME ROBB, SANDRA
STREET ADDRESS 921 W ALICIA AVENUE
CITY-ST-ZIP TAMPA, FL 00000
TITLE D
NAME CONAWAY, BLAKE
STREET ADDRESS 7420 W ELM STREET
CITY-ST-ZIP CLEARWATER FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Tillet, James B.
1.3 STREET ADDRESS 8705 Cobblestone Drive
1.4 CITY-ST-ZIP Tampa, Fla. 33615
2.1 TITLE VP/D ☒ Change ☐ Addition
2.2 NAME Murray, Anita
2.3 STREET ADDRESS 4703 Onyx Place
2.4 CITY-ST-ZIP Tampa, Fla. 33615
3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME Harris, Fay
3.3 STREET ADDRESS 7009 Drury Street
3.4 CITY-ST-ZIP Tampa, Fla. 33635-5501
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Tillet JAMES B. TILLET

03-16-95
Date

(11) 884-7602
Telephone