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NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # 712351 (6)

1. Corporation Name

BOARD OF TRUSTEES OF THE THONOTOSASSA METHODIST CHURCH INCORPORATED

Principal Place of Business	Mailing Address
11905 FORT KING HWY THONOTOSASSA FL 33592 US	P.O. BOX 406 THONOTOSASSA FL 33592-0406

3. Date Incorporated or Qualified	3a. Date of Last Report
03/06/1967	03/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2350799	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUCKER, SOLON 4109 WYOMING AVE TAMPA FL 33616	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **HAMMERBERG, RUTH**		1.2 NAME	
STREET ADDRESS **12812 ED DENISON RD.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **THONOTOSASSA FL**		1.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **WILLIAMS, MAXINE**		2.2 NAME	
STREET ADDRESS **11910 THONOTOSASSA RD.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **THONOTOSASSA FL**		2.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **GOHN, SHERRY**		3.2 NAME	
STREET ADDRESS **10326 SKEWLEE**		3.3 STREET ADDRESS	
CITY-ST-ZIP **THONOTOSASSA FL**		3.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME **DULIN, RUTH**		4.2 NAME	
STREET ADDRESS **11875 FT. KINGS HWY**		4.3 STREET ADDRESS	
CITY-ST-ZIP **THONOTOSASSA FL**		4.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME **HAMMERBERG, CHESTER**		5.2 NAME	
STREET ADDRESS **12812 ED DENNISON RD.**		5.3 STREET ADDRESS	
CITY-ST-ZIP **THONOTOSASSA FL 33592**		5.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME **HILL, HAROLD**		6.2 NAME	
STREET ADDRESS **10511 FLORENCE AVE. LOT 395**		6.3 STREET ADDRESS	
CITY-ST-ZIP **THONOTOSASSA FL**		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 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: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0046621