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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90064 041 ****61.25

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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 # 712351

1. Corporation Name

BOARD OF TRUSTEES OF THE THONOTOSASSA METHODIST CHURCH INCORPORATED

Principal Place of Business

11905 FORT KING HWY
 THONOTOSASSA FL 33592
 US

Mailing Address

P.O. BOX 406
 THONOTOSASSA FL 33592-0406



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/06/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2350799	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ROEBUCK, DENNIS R
1330 DAB DRIVE
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81	Name	Dennis R. Roebuck	
82	Street Address (P.O. Box Number is Not Acceptable)	10913 Mistletoe Drive	
83			
84	City	85	Zip Code
	Thonotosassa	FL	33592

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 Dennis R. Roebuck Dennis R. Roebuck, Pastor 02/07/99
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	TR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	TR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MAXINE	2.2 NAME	MILLER, Gary
STREET ADDRESS	11910 THONOTOSASSA RD.	2.3 STREET ADDRESS	12421 Palm Tree Drive
CITY-ST-ZIP	THONOTOSASSA FL	2.4 CITY-ST-ZIP	Thonotosassa, FL 33592
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	TR <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DULIN, RUTH	4.2 NAME	GOHN, James
STREET ADDRESS	11875 FT. KINGS HWY	4.3 STREET ADDRESS	10326 Skewlee Road
CITY-ST-ZIP	THONOTOSASSA FL	4.4 CITY-ST-ZIP	Thonotosassa, FL 33592
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMERBERG, JOHN	5.2 NAME	
STREET ADDRESS	12216 KELLY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL 33592	5.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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: Gary Miller Gary Miller 02/07/99 813-986-5509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)