


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714991** (7)  
1. Corporation Name  
**UNITED METHODIST RETIREMENT CENTER OF TAMPA, INC**

Principal Place of Business <b>400 E. HARRISON ST TAMPA FL 33602-3444</b>	Mailing Address <b>400 E. HARRISON ST TAMPA FL 33602-3444</b>
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3. Date Incorporated or Qualified  
**07/23/1968**

4. FEI Number <b>59-1229023</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

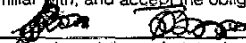
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAYNER, JILL  
1005 N. FLORIDA AVE.  
TAMPA FL 33602**

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  DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>D WINTER, LEE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>6717 MAYBOLE PLACE</b>	1.3 STREET ADDRESS	
	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>D TOTTEN, TIM</b>	2.1 TITLE	2.2 NAME
	<b>3407 DORCHESTER ST.</b>	2.3 STREET ADDRESS	
	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>D FLANAGAN, PATRICK</b>	3.1 TITLE	3.2 NAME
	<b>10519 CARROLLVIEW DR.</b>	3.3 STREET ADDRESS	
	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>D TRAYNER, JILL</b>	4.1 TITLE	4.2 NAME
	<b>400 E HARRISON ST</b>	4.3 STREET ADDRESS	
	<b>TAMPA FL 33602</b>	4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	
		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)(f), 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:  **TIRE REQUIRED**

CR2E037 (10/97)