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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:28

DOCUMENT # 719517 (5)

1. Corporation Name

THE DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF THE TAMPA DISTRICT OF THE UNITED METHODIS

Principal Place of Business	Mailing Address
5030 E. BUSCH BLVD. P.O. BOX 290655 TAMPA FL 33687-7655	5030 E. BUSCH BLVD. P.O. BOX 290655 TAMPA FL 33687-7655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1970
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1683444 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, J. ED
19252 BLOUND ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

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 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 _____ (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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, PAUL	1.2 NAME	
STREET ADDRESS	807 BEN LOMOND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	HANDLEY, MARY	2.2 NAME	
STREET ADDRESS	1008 IDLEWILD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, J ED	3.2 NAME	
STREET ADDRESS	19252 BLOUNT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CURRY, CHARLES F. JR.	4.2 NAME	
STREET ADDRESS	811 S. ORLEANS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PORTER, LEONARD	5.2 NAME	
STREET ADDRESS	5030 E. BUSCH BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33687-7655	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	VD ☒ Change ☐ Addition
NAME	TALLEY, DAVID	6.2 NAME	James V. Harvester
STREET ADDRESS	1302 ANGLERS LANE	6.3 STREET ADDRESS	15040 Lake Magdalene Blvd
CITY-ST-ZIP	LUTZ FL	6.4 CITY-ST-ZIP	Tampa FL 33618

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 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 the 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: J. Ed Smith 2/4/95 813-949-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005288