

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719517 (5)

1. Corporation Name

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



Principal Place of Business

5030 E. BUSCH BLVD.
P.O. BOX 290655
TAMPA FL 33687-7655

Mailing Address

5030 E. BUSCH BLVD.
P.O. BOX 290655
TAMPA FL 33687-7655

3. Date Incorporated or Qualified
10/15/1970

3a. Date of Last Report
02/14/1995

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

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

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

SMITH, J. ED
19252 BLOUNT ROAD
LUTZ FL 33549

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 617.0532 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

BUTLER, PAUL
807 BEN LOMOND DRIVE
TAMPA FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

SD

☐ DELETE

NAME

HANDLEY, MARY
1008 IDLEWILD
TAMPA FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

SMITH, J. ED
19252 BLOUNT ROAD
LUTZ, FL 00000

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

CURRY, CHARLES F. JR.
811 S. ORLEANS AVE.
TAMPA, FL 00000

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

PORTER, LEONARD
5030 E. BUSCH BLVD.
TAMPA FL 33687-7655

STREET ADDRESS

CITY-ST-ZIP

TITLE

VD

☐ DELETE

NAME

HARVESTER, JAMES V
15040 LAKE MAGDALENE BLVD
TAMPA FL

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(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:

J. Ed Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

DATE

213-949-1180

DAYTIME PHONE #

CR2E037 (12/95)