

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 CHURCH

Principal Place of Business

Mailing Address

5030 E. BUSCH BLVD.
P.O. BOX 290655
TAMPA FL 33687-76555030 E. BUSCH BLVD.
P.O. BOX 290655
TAMPA FL 33687-06553. Date Incorporated or Qualified
10/15/19703a. Date of Last Report
02/07/1996

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
59-1683444Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, J. ED
19252 BLOUND 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 617.0502 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 PD ☒ DELETE
NAME BUTLER, PAUL
STREET ADDRESS 807 BEN LOMOND DRIVE
CITY-ST-ZIP TAMPA FL1.1 TITLE PD ☒ Change ☒ Addition
1.2 NAME Mark P. Buell
1.3 STREET ADDRESS 401 E. Jackson St., Suite 2600
1.4 CITY-ST-ZIP Tampa, FL 33602-5226TITLE SD ☐ DELETE
NAME HANDLEY, MARY
STREET ADDRESS 1008 IDLEWILD
CITY-ST-ZIP TAMPA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME SMITH, J ED
STREET ADDRESS 19252 BLOUNT ROAD
CITY-ST-ZIP LUTZ, FL 000003.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME CURRY, CHARLES F. JR.
STREET ADDRESS 811 S. ORLEANS AVE.
CITY-ST-ZIP TAMPA, FL 000004.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME PORTER, LEONARD
STREET ADDRESS 5030 E. BUSCH BLVD.
CITY-ST-ZIP TAMPA FL 33687-76555.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME HARVESTER, JAMES V
STREET ADDRESS 15040 LAKE MAGDALENE BLVD
CITY-ST-ZIP TAMPA FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97

Date

813-944-1180

Daytime Phone # 0049398

CR2E037 (9/96)