


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90027 015 ****70.00

0052075

| | | | | | |
|---|--|---|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 719517 | | | | | |
| 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 | | |



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/15/1970 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1683444 | |
| 22 | City & State | 27 | City & State | Applied For Not Applicable | |
| 23 | Zip | 28 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | Country | 29 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|--|--|----|----------|
| 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 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------------------|--|--|---|--|---------------------------------|-----------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARK P. BUELL | | | 1.2 NAME | | | |
| STREET ADDRESS | 401 E. JACKSON ST., STE 2600 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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 | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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 | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HARVESTER, JAMES V | | | 6.2 NAME | | | |
| STREET ADDRESS | 15040 LAKE MAGDALENE BLVD | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA 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: RECEIVED REQUIRED 1/29/99 Date: 813-949-1180 Daytime Phone #

CR2E037 (11/98)