

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 042 ****70.00

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1. Entity Name

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1683444

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, J. ED
19252 BLOUNT ROAD
LUTZ FL 33558

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HINTZMAN, MORRIS
STREET ADDRESS 2002 N FLORIDA AVENUE
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☒ Delete
NAME HANDLEY, MARY
STREET ADDRESS 1008 E. IDLEWILD
CITY-ST-ZIP TAMPA FL 33604

TITLE T ☐ Delete
NAME SMITH, J ED
STREET ADDRESS 19252 BLOUNT ROAD
CITY-ST-ZIP LUTZ FL

TITLE VD ☒ Delete
NAME HARVESTER, JAMES V
STREET ADDRESS 15040 LAKE MAGDALENE BLVD
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ Delete
NAME PERRIN, CAROL
STREET ADDRESS 904 W. LINEBAUGH AVENUE
CITY-ST-ZIP TAMPA FL 33612

TITLE VD ☐ Delete
NAME A. Kenton Crow, Jr.
STREET ADDRESS 6211 Land O' Lakes Blvd.
CITY-ST-ZIP Land O' Lakes, FL 34639

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Ed Smith* J. ED SMITH TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04
Date

813-988-2408
Daytime Phone #