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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 721795 (3)

1. Corporation Name

BOARD OF TRUSTEES, FIRST UNITED METHODIST CHURCH
TAMPA, FLORIDA, INC.

Principal Place of Business

Mailing Address

1001 NORTH FLORIDA AVE.
TAMPA FL 33602

1001 NORTH FLORIDA AVE.
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1971

3a. Date of Last Report

02/21/1994

4. FEI Number

59-0718490

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, DONNA, K
1001 N FLORIDA AVE
TAMPA FL 33602

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

Donna K Robbins DONNA K Robbins

4/12/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ~~TOHEN, TIM~~
STREET ADDRESS ~~3407 DORCHESTER ST~~
CITY-ST-ZIP ~~TAMPA FL~~

1.1 TITLE P
1.2 NAME Pilsbury, Jack
1.3 STREET ADDRESS 6310 113 AVE
1.4 CITY-ST-ZIP TEMPLE TERRACE, FL 33617
☒ Change ☐ Addition

TITLE D
NAME RICE, GRACE M
STREET ADDRESS 205 N. DELEWARE AVENUE
CITY-ST-ZIP TAMPA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME ~~PILSBURY, JACK~~
STREET ADDRESS ~~6310 113 AVE~~
CITY-ST-ZIP ~~TEMPLE TERRACE FL~~

3.1 TITLE D
3.2 NAME Elizabeth Camalo
3.3 STREET ADDRESS 6404 DIMARCO RD
3.4 CITY-ST-ZIP TAMPA FL 33634
☒ Change ☐ Addition

TITLE D
NAME ~~ROBERTS, DALE M~~
STREET ADDRESS ~~2055 BEARS AVENUE WEST~~
CITY-ST-ZIP ~~TAMPA FL~~

4.1 TITLE D
4.2 NAME LYNN CARLTON
4.3 STREET ADDRESS 3711 BAYSHORE BLVD
4.4 CITY-ST-ZIP TAMPA FL 33611
☒ Change ☐ Addition

TITLE D
NAME ~~STALLINGS, HAL M~~
STREET ADDRESS ~~3111 N. JULIA CIRCLE~~
CITY-ST-ZIP ~~TAMPA FL~~

5.1 TITLE D
5.2 NAME TERRELL SESSUMS
5.3 STREET ADDRESS 1113 DUNBAR AVENUE
5.4 CITY-ST-ZIP TAMPA FL 33629
☒ Change ☐ Addition

TITLE M
NAME FORD, R. CRAIG
STREET ADDRESS 1001 N FLORIDA AVE
CITY-ST-ZIP TAMPA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 110.07(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 my address.

SIGNATURE

Jack H. Pilsbury JACK H. PILSBURY

DATE

4/12/95
Signature (Typed Name)