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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 721795

(3)

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

TAMPA, FLURIDA, INC.				
Principal Place of Business	Mailing Address	Mailing Address		hina dinan didil bidil didib didil Oldil 184
1001 NORTH FLORIDA AVE. TAMPA FL 33602	1001 NORTH FLORIDA TAMPA FL 33602	AVE.		
O Discord Div. of D			3. Date Incorporated or Qualified 09/29/1971	3a. Date of Last Report 04/17/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-0718490	Not Applicat
2	27		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		6. Election Campaign Financing	Fee Required
3	28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	
9. Name and Address of C	Urrent Registered Agent	30	Florida Statutes	Yes 1027No
	Announ registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
ROBBINS, DONNA, K				
1001 N FLORIDA AVE		82 Street Add	ress (P.O. Box Number is Not Acceptable	
TAMPA FL 33602		83		
		04 6		
		84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 617 or registered agent, or both, in the State of 	.0502 and 617.1508, Florida Statute	es, the above-named corpor	ration submits this statement for the purpo	
familiar with and accept the obligations of	Section 617.0503, Florida Statutes	ed by the corporation's boa	ration submits this statement for the purpoint of directors. I hereby accept the appoint	itment as registered agent. I am
territoris and accept the obligations of				
IGNATURE / YOLLAK K	offices DONNA	K Kobbin	S Secretarios 4	110/9/2
IGNATURE Signature, typed or printed name of registered	offices Journa de agent and title if applicable (NO	K Kobbi No OTE: Registered Agent signature require		10/96 DATE
IGNATURE Signature, typed or printed name of registeres 2. OFFICERS	office DONNA office applicable (NO S AND DIRECTORS	K K bb , N DTE: Registered Agent signature require 13.	d when reinstating! ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
IGNATURE Signature, Typed or printed name of registerer 2. OFFICER:	offices Journa de agent and title if applicable (NO	X Kobb Note: Registered Agent signature require 13. 1.1 TITLE		ERS AND DIRECTORS IN 12
IGNATURE Signature, typed or printed name of registeres: 2. OFFICER: P PILSBURY, JACK	office DONNA office applicable (NO S AND DIRECTORS	X Kobb, NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME		ERS AND DIRECTORS IN 12
Signature, typed or printed name of registeres 2. OFFICER: TILE P PILSBURY, JACK 6310 113 AVE TEMPLE TEMPLES 5.	office DONNA office applicable (NO S AND DIRECTORS	X Ko bb , NOTE: Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS IN 12
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JACK Pilsburgfpril 4 1996 813-229-6511
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