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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 721795 (3)

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



Principal Place of Business Mailing Address
1001 NORTH FLORIDA AVE. 1001 NORTH FLORIDA AVE.
TAMPA FL 33602 TAMPA FL 33602-3807

3. Date Incorporated or Qualified 09/29/1971 3a. Date of Last Report 04/17/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0718490		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 Donna K Robbins Donna K Robbins 4-16-97
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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PILSBURY, JACK			1.2 NAME	CAPITANO, JOE		
STREET ADDRESS	8310 113 AVE			1.3 STREET ADDRESS	617 W. VIRGINIA AVE		
CITY-ST-ZIP	TEMPLE TERRACE FL			1.4 CITY-ST-ZIP	Tampa FL 33603		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RICE, GRACE M			2.2 NAME	Culp, James		
STREET ADDRESS	205 N. DELEWARE AVENUE			2.3 STREET ADDRESS	4519 Watrous Avenue		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Tampa FL 33629		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMALO, ELIZABETH			3.2 NAME			
STREET ADDRESS	6404 DIMARCO RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLTON, LYNN			4.2 NAME			
STREET ADDRESS	3711 BAYSHORE BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESSUMS, TERRELL			5.2 NAME			
STREET ADDRESS	1113 DUNBAR AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP			
TITLE	M	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FORD, R. CRAIG			6.2 NAME	KREWSON, LAWRENCE A.		
STREET ADDRESS	1001 N FLORIDA AVE			6.3 STREET ADDRESS	1001 N FLORIDA AVE		
CITY-ST-ZIP	TAMPA FL			6.4 CITY-ST-ZIP	Tampa FL 33602		

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: Joe Capitano Joe Capitano 4/16/97 813-229-6511

CP2E037 (9/96)