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Apr 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified

09/29/1971

4. FEI Number

59-0718490

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 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

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 ☐ DELETE
NAME CAPITANO, JOE
STREET ADDRESS 817 W VIRGINIA AVE
CITY-ST-ZIP TAMPA FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CULP, JAMES
STREET ADDRESS 4519 WATEROUS AVE
CITY-ST-ZIP TAMPA FL

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

TITLE D ☒ DELETE
NAME CAMALO, ELIZABETH
STREET ADDRESS 6404 DIMARCO RD
CITY-ST-ZIP TAMPA FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME CAROLINE, C. MOORE
3.3 STREET ADDRESS 7520 SANIBEL CIR. S.
3.4 CITY-ST-ZIP Temple Terrace FL 33637

TITLE D ☒ DELETE
NAME CARLTON, LYNN
STREET ADDRESS 3711 BAYSHORE BLVD
CITY-ST-ZIP TAMPA FL

4.1 TITLE P ☐ Change ☒ Addition
4.2 NAME Jim Moore
4.3 STREET ADDRESS 211 N. BARNACKBURN AVE.
4.4 CITY-ST-ZIP Temple Terrace FL 33617

TITLE D ☐ DELETE
NAME SESSUMS, TERRELL
STREET ADDRESS 1113 DUNBAR AVE
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 5020 Bayshore Blvd #204
5.4 CITY-ST-ZIP TAMPA, FL 33611

TITLE M ☐ DELETE
NAME KREWSON, LAWRENCE A.
STREET ADDRESS 1001 N FLORIDA AVE
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Joe Capitano 3/16/98 813-224-0774

CR2E037 (10/97)